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ABSTRACT

Illustrated with children's drawings, this booklet makes it clear why drug use is a serious matter for young people. Chapters include: (1) "How This Book Will Help You"; (2) "Laying the Groundwork", which guides parents in creating a space to talk about drugs with their children; (3) "Talking with Your Children Effectively", which introduces the concept of "teachable moments" and includes handling family history of alcoholism or drug abuse; (4) "Your Child's Perspective", which discusses what attracts children to try drugs; (5) "How to Teach Your Child about Drugs" which covers approaches for specific age groups from preschool through high school; (6) "What To Do If You Think Your Child Might Be Using Drugs"; (7) "Getting Involved and Staying Involved", which covers parent-school partnerships and community efforts for drug abuse prevention; (8) "Specific Drugs and Their Effects", which provides a picture glossary of street drugs; (9) "Where To Get Information and Help." Support groups, prevention and treatment information resources, parent mobilization groups, websites for parents, and recommended reading are listed. (Author/EMK)

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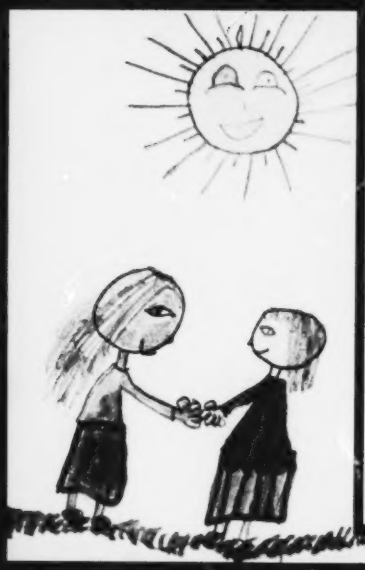
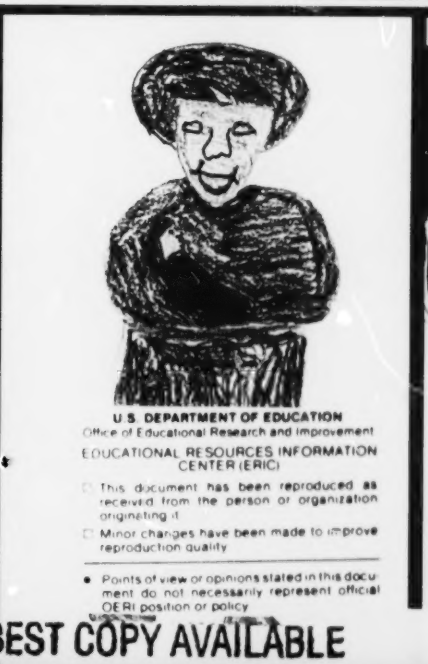


GROWING UP DRUG-FREE

A Parent's Guide to Prevention



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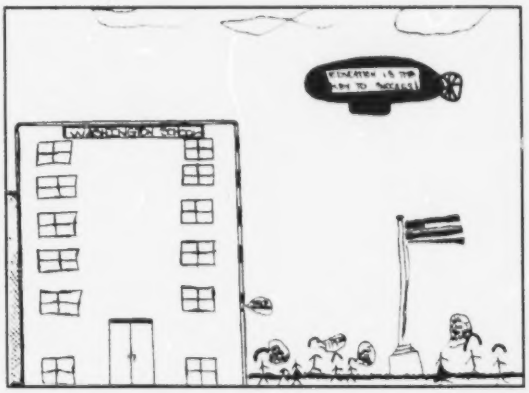

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Growing Up Drug-Free

A Parent's Guide to Prevention

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The White House Office of National Drug Control Policy, in conjunction with Partnership for a Drug-Free America, is promoting awareness of *Growing Up Drug-Free: A Parent's Guide to Prevention* through an unprecedented anti-drug media campaign.

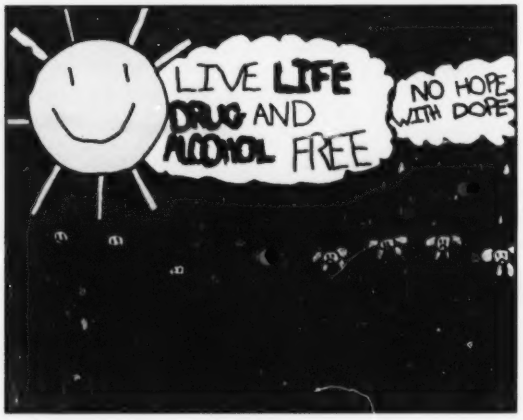
How This Book Will Help You

"When Timmy entered middle school, I was scared to death."

"What can Jennifer say when her teenage friends pressure her? I don't know what to tell her."

"I can't keep up with all the new drugs and new names for drugs."

"I wouldn't know what to say if I suspected Keisha was getting high. She's only twelve."



When most parents talk about drugs, they voice some of their greatest fears and concerns. And their apprehension is well justified: The 1990s began with an increase in the popularity of drugs. During the previous decade, the number of children using drugs declined by nearly half as leaders from government, the media, and community and parents' groups sent a unified message to the public. Drug addiction can destroy your relationships and family life and can harm or even kill you. Unfortunately, as the general public began to feel that the problem had abated and was now manageable, usage began to rise again. A recent study found that four out of ten tenth graders have tried marijuana.

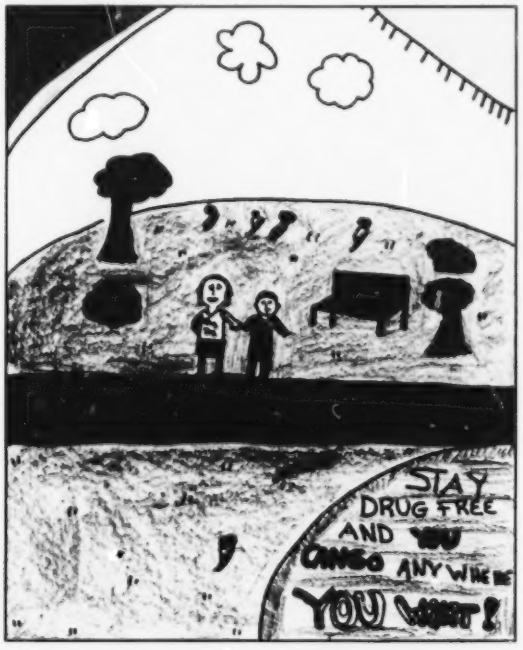
Those of us who grew up during the first wave of drug experimentation knew more about drugs than our parents did. Now we don't know as much about drugs as our children do. And we certainly don't know what it feels like to live in our children's world–a world not only more complex and stressful than it was during our youth, but with a drug culture that never existed before. For example:

- LSD is now marketed to younger children with colorful designs or cartoon characters;
- needles are no longer a deterrent to heroin use because heroin is available in a form so pure that it can be snorted;

- children are re-selling prescription drugs as party drugs;
- cigars, emptied of tobacco and filled with marijuana, provide a heftier toke than reefers;
- an animal tranquilizer called Ketamine (aka "Vitamin K," "New Ecstasy," and "Breakfast Cereal") is snorted or smoked;
- underground home laboratories for manufacturing methamphetamine have made this drug much more available for illegal use;
- all-night dance parties called raves are characterized by electronic music and the use of drugs such as MDMA or "Ecstasy" that can cause psychological problems.

Bad habits can start early

The anti-drug education our children are getting in school today only begins to counter the street-level "education" they pick up from their peers and popular culture. Our children often learn how to use new media faster than we do, and they receive news and entertainment not only from movies and TV, but from video cassettes, CDs, billboards, magazines targeted to children, websites, and chat rooms–information sources and formats that didn't even exist a generation ago. Drug references can reach them in unexpected places, such as magazine ads and clothing-store dressing rooms where music is piped in. Even though these sights and sounds are not usually promoting drug use, they can reinforce a child's impression that use is "normal"–a standard, even expected, part of growing up.



Unfortunately, the perception that drugs are a normal rite of passage has become common even among children in their preteen years. Many parents of nine-to-twelve year-olds would be shocked to learn how plentiful–and often free–drugs are in their children's world.

The average age at which teens start using tobacco is a little past 12 years old. The average age at which they start drinking alcohol is almost 13. And the average age at which they start smoking marijuana is 14. Although the majority of young people do not use these substances, some children are using at even younger ages than these.

It could be your child

These statistics are so startling that it's tempting to think, "*My* child would never do anything so risky at that age." But believing that is risky in itself. Studies show that many more teens report being offered drugs–and using them–than their parents are willing to believe. When polled, the number of parents who thought their children had tried marijuana–about 20%–represented only one-half the number of teens who said they had actually tried.

Although keeping a child drug-free through these trying years is a great challenge to a parent, no one is in a better position than you to meet this challenge. A study published in the *Journal of the American Medical Association* found that teenagers who reported feeling close to their families were the least likely to engage in any of the risky behaviors studied, which included drinking and smoking marijuana or cigarettes. This finding supports what a majority of parents believe: that they *can* teach their children to view drugs as a serious concern and that they *can* influence their children's decisions about whether or not to use drugs.

This publication will help you guide your preschool-to-high school-age children as they form attitudes about drug use. It provides answers to children's questions as well as sources for help. It covers such important topics as:

- **How to carry on a continuing dialogue with your children on the subject of drugs.** Talking frequently is essential, and it's important to be clear; research found that although nine out of ten parents questioned said that in the past year they had talked to their teens about drugs, only two-thirds of the teens agreed.

WHY YOU SHOULDN'T ALLOW YOUR CHILDREN TO SMOKE MARIJUANA

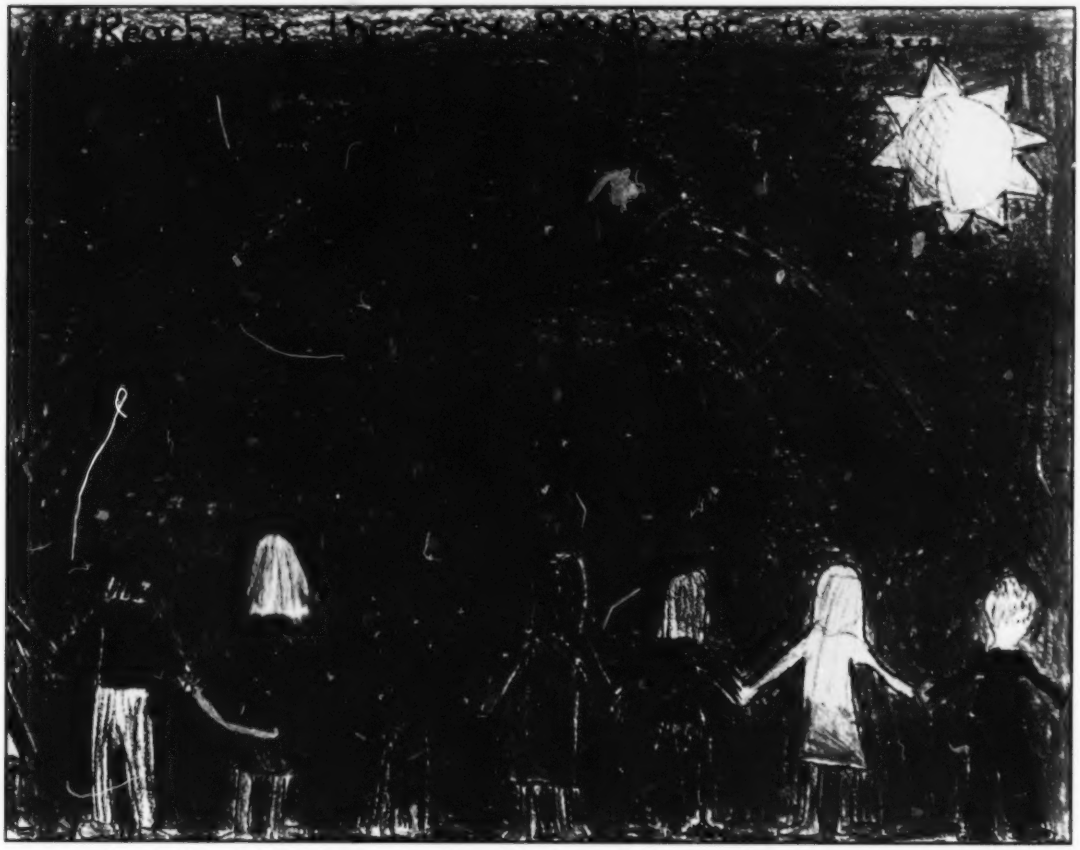
Some parents who saw marijuana being widely used in their youth have wondered, "Is marijuana really so bad for my child?" The answer is an emphatic "yes," and parents should familiarize themselves with these reasons:

- *Marijuana is illegal.*
- *Marijuana now exists in forms that are stronger–with higher levels of THC, the psychoactive ingredient–than in the 1960s.*
- *Studies show that someone who smokes five joints a week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.*
- *Hanging around users of marijuana often means being exposed not only to other drugs later on, but also to a lifestyle that can include trouble in school, engaging in sexual activity while young, unintended pregnancy, difficulties with the law, and other problems.*
- *Marijuana use can slow down reaction time and distort perceptions. This can interfere with athletic performance, decrease a sense of danger, and increase risk of injury.*
- *Regular marijuana users can lose the ability to concentrate that is needed to master important academic skills, and they can experience short-term memory loss. Habitual marijuana users tend to do worse in school and are much more likely to drop out altogether.*
- *Teens who rely on marijuana as a chemical crutch and refuse to face the challenges of growing up never learn the emotional, psychological, and social lessons of adolescence.*
- *The research is not complete on the effects of marijuana on the developing brain and body.*

- **Why occasional alcohol, tobacco or other drug use is a serious matter.** Even a child who may get drunk or high on cocaine less than once a month can suffer serious consequences, such as flunking an important test, having a car accident, or a heart attack.
- **How to educate ourselves.** To talk to our children persuasively, we need to have as much information as they do. This guide provides a working knowledge of common drugs–their effects on the mind and body, the symptoms of their use, the latest drug slang, and methods of drug use now in vogue.

The teen years can be trying for families. It is not always easy to communicate with those you love. But the stakes are high. If teens can navigate these years without drinking, smoking, or taking drugs, chances are that they won't use or abuse these substances as adults. Your influence early on can spare your child the negative experiences associated with illegal drug use, and even save your child's life.

This book will show you how to use your greatest strengths–your love for your children and concern for their well-being–to raise drug-free children.



HOW THIS BOOK WILL HELP YOU

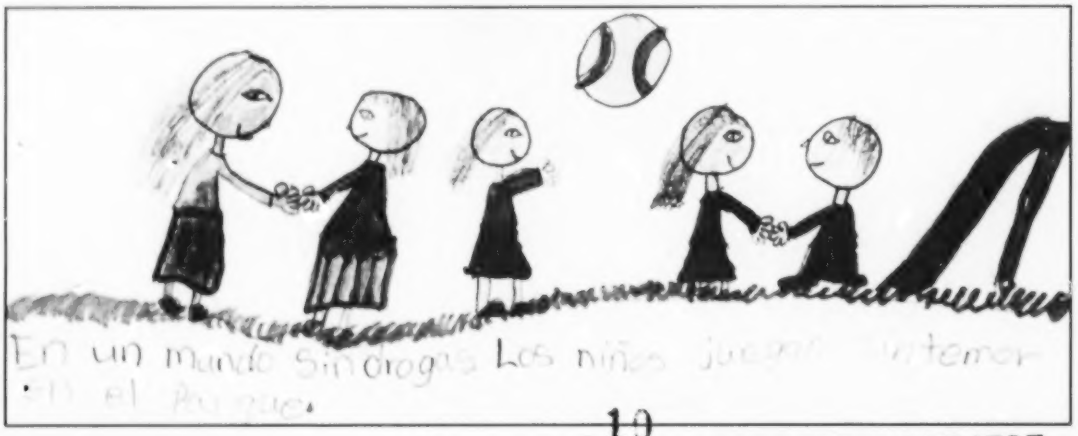
Laying The Groundwork

We, as parents, are the most important role models in our children's lives. What we say and do about drugs matters a lot when it comes to the choices our children make. We can:

- **set a positive example and get involved in our children's lives;**
- **get involved in their activities, know their friends, know where they're going and what they're doing;**
- **create clear, consistent expectations and enforce them;**
- **talk early and often about drugs;**
- **discuss the consequences of drug use;**
- **show we care enormously about what choices our children make about drugs.**

Children learn by example. They adopt the values we demonstrate through our actions. As they grow, they're impressed by our concern for others when we bring soup to a sick neighbor and by our honesty when we admit making a mistake.

Although we believe these traits are important, it's not always easy to be consistent. Telling a friend you're younger than you really are sends a confusing message to your child–isn't it wrong to lie? If you forbid smoking in the house, how can you allow your friends to break the rules? If you say that drinking alcohol is a serious matter, how can you laugh uproariously at TV and movie drunks? Because alcohol is off-limits for children, even asking them to fetch a beer from the refrigerator or to mix drinks at an adult party can be confusing.



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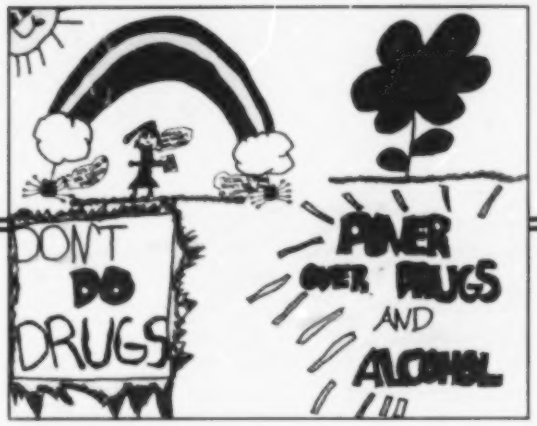


WHAT TO SAY WHEN YOUR CHILD ASKS, "DID YOU EVER USE DRUGS?"

Among the most common drug-related questions asked of parents is "Did you ever use drugs?" Unless the answer is "no," it's difficult to know what to say because nearly all parents who used drugs don't want their children to do the same thing. Is this hypocritical? No. We all want the best for our children, and we understand the hazards of drug use better than we did when we were their age and thought we were invincible. To guide our children's decisions about drugs, we can now draw on credible real-life examples of friends who had trouble as a result of their drug use: the neighbor who caused a fatal car crash while high; the family member who got addicted; the teen who used marijuana for years, lost interest in school, and never really learned how to deal with adult life and its stresses.

Some parents who used drugs in the past choose to lie about it, but they risk losing their credibility if their children discover the truth. Many experts recommend that when a child asks this question, the response should be honest. This doesn't mean that parents need to recount every moment of their experiences. As in conversations about sex, some details should remain private, and you should avoid providing more information than is actually sought by your child. Ask clarifying questions to make sure you understand exactly why and what a child is asking before answering questions about your past drug use, and limit your response to that information.

This discussion provides a good opportunity for parents to speak frankly about what attracted them to drugs, why drugs are dangerous, and why they want their children to avoid making the same mistake. There's no perfect way to get this message across, only approaches that seem more fitting than others. Some suggestions:

- *"I took drugs because some of my friends used them, and I thought I needed to in order to fit in. In those days, people didn't know as much as they do now about all the bad things that can happen when you smoke marijuana or do other drugs. If I'd known then what I know now, I never would have tried them, and I'll do everything I can to keep you away from drugs."*
- *"Everyone makes mistakes, and when I used drugs, I made a big one. I'm telling you about this, even though it's embarrassing, because I love you, and I want to save you from making the same stupid decision that I made when I was your age. You can learn from my mistakes without repeating them."*
- *"I did drugs because I was bored and wanted to take some risks, but I soon found that I couldn't control the risks–they were controlling me. There are much better ways of challenging yourself than doing drugs."*
- *"At your age, between homework, friends, sports, and other interests, there are a lot of fun things going on. If you get into taking drugs, you're pretty much giving up those other things, because you stop being able to concentrate, and you can't control your moods or keep to a schedule. You'll miss out on all these great experiences, and you'll never get those times back."*
- *"You don't know how your body will react to drugs. Some people can get addicted really quickly and can get really sick even using a drug for the first time."*
- *"I started drinking/doing drugs when I was young, and I've been battling them ever since. They made me miss a big part of growing up, and every day I have to fight with myself so they don't make me miss more–my job, my relationships, and my time with you. I love you too much to watch you set yourself on the same path."*

Children who decide not to use alcohol or other drugs often make this decision because they have strong convictions against the use of these substances–convictions based on a value system. You can make your family's values clear by explaining why you choose a particular course of action and how that choice reflects your values. If you're walking down the street together and spot a blind person attempting to cross, you can both offer to help him and then take the opportunity to discuss why it's important to support those in need. You can also explore moral issues by posing hypothetical questions at the dinner table or in the car–for example, "What would you do if the person ahead of you in the movie line dropped a dollar bill?" or "What would you do if your friend wanted you to skip class with him and play video games instead?" Concrete examples like these make the abstract issue of values come alive.

Planning for togetherness

Sometimes it's frustrating how few chances there are to have conversations about drugs with our children. In our busy culture, with families juggling the multiple demands of work, school, after-school activities, and religious and social commitments, it can be a challenge for parents and children to be in the same place at the same time. To ensure that you have regular get-togethers with your children, try to schedule:

- **Family meetings.** Held once a week at a mutually-agreed-upon time, family meetings provide a forum for discussing triumphs, grievances, projects, questions about discipline, and any topic of concern to a family member. Ground rules help. Everyone gets a chance to talk; one person talks at a time without interruption; everyone listens, and only positive, constructive feedback is allowed. To get resistant children to join in, combine the get-together with incentives such as post-meeting pizza or assign them important roles such as recording secretary or rule enforcer.
- **Regular parent-child rituals.** These eliminate the need for constant planning and rearranging. Perhaps you can take the long way home from school once a week and get ice cream or make a weekly visit to the library together. Even a few minutes of conversation while you're cleaning up after dinner or right before bedtime can help the family catch up and establish the open communication that is essential to raising drug-free children.

Making your position clear

When it comes to dangerous substances like alcohol, tobacco, and other drugs, don't assume that your children know where you stand. **They want you to talk to them about drugs. State your position clearly; if you're ambiguous, children may be tempted to use.** Tell your children that you forbid them to use alcohol, tobacco, and drugs because you love them. (Don't be afraid to pull out all the emotional stops. You can say, "If you took drugs it would break my heart.") Make it clear that this

rule holds true even at other people's houses. Will your child listen? Most likely. According to research, when a child decides whether or not to use alcohol, tobacco, and other drugs, a crucial consideration is "What will my parents think?"

Also discuss the consequences of breaking the rules–what the punishment will be and how it will be carried out. Consequences must go hand-in-hand with limits so that your child understands that there's a predictable outcome to his choosing a particular course of action. **The consequences you select should be reasonable and related to the violation.** For example, if you catch your son smoking, you might "ground" him, restricting his social activities for two weeks. You could then use this time to show him how concerned you are about the serious health consequences of his smoking, and about the possibility that he'll become addicted, by having him study articles, books, or video tapes on the subject.

Whatever punishment you settle on shouldn't involve new penalties that you didn't discuss before the rule was broken–this wouldn't be fair. Nor should you issue empty threats ("Your father will kill you when he gets home!"). It's understandable that you'd be angry when house rules are broken, and sharing your feelings of anger, disappointment, or sadness can have a powerfully motivating effect on your child. Since we're all more inclined to say things we don't mean when we're upset, it's best to cool off enough to discuss consequences in a matter-of-fact way.

Contrary to some parents' fears, your strict rules won't alienate your children. They *want* you to show you care enough to lay down the law and to go to the trouble of enforcing it. Rules about what's acceptable, from curfews to insisting that they call in to tell you where they are, make children feel loved and secure. **Rules about drugs also give them reasons to fall back on when they feel tempted to make bad decisions.** A recent poll showed that drugs are the number-one concern of young people today. Even when they appear nonchalant, our children need and want parental guidance. It does not have to be preachy. You will know best when it is more effective to use an authoritarian tone or a gentler approach.

Always let your children know how happy you are that they respect the rules of the household by praising them. **Emphasize the things your children do right instead of focusing on what's wrong.** When parents are quicker to praise than to criticize, children learn to feel good about

A MOTHER LOOKS BACK

Anne D. of Marietta, Georgia, mother of a son and two daughters, ages 22, 21, and 20:

"My three kids are all in college now, so we're testing what they learned at home when they were growing up.

"I've always tried to talk *with* them, not *at* them, and to demonstrate the values our family thinks are important. For example, when we were on vacation, someone left a camera behind in our room, and I made a point of saying 'This isn't ours–let's let them know at the desk.' I tried to show how I value honesty.

"Since they were young, we've discussed healthy lifestyles and habits, and when they were in middle school, we started talking about how they should call home from parties if drugs were present. I'm not sure if we picked them up every time they were at a party where there were drugs, but I'm sure we did most of the time. High school was an especially challenging time for my kids because I was getting divorced then. But they got through it fine, and I think it's because they had a good foundation of values to fall back on."

How grandparents can help raise drug-free children

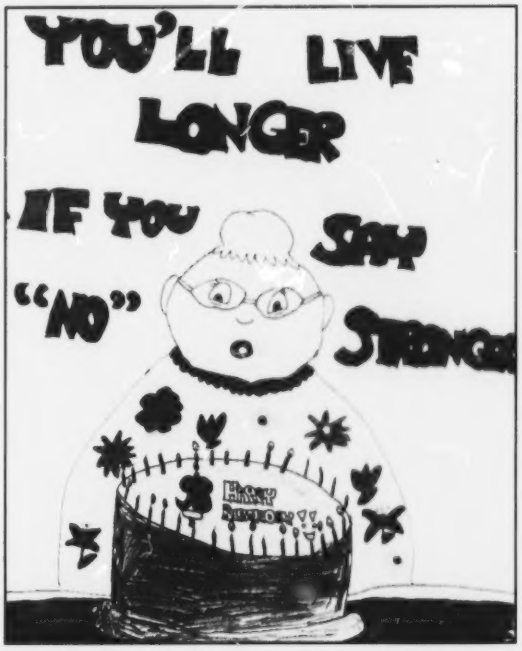
Grandparents play a special part in a child's life and, unlike parents, grandparents have had years to prepare for their role. They've been through the ups and downs of child-rearing and bring a calmer, more seasoned approach to their interactions with their grandchildren. They, as well as other extended family members, can serve as stable, mature role models, especially if they need to step in to assume some of the responsibilities of the child's parents.

These important elders have one advantage over parents: Their relationships with their grandchildren are less complicated, less judgmental, and less tied to day-to-day stresses. Grandparents can use their positions of trust and intimacy to reinforce the same lessons in self-respect and healthy living that children are learning from their parents. When grandparents show concern with questions like "Has anyone ever tried to sell you drugs?" or "Why are your eyes so red?," they may be more likely to hear honest answers–especially if they indicate that they are willing to listen in confidence, and will not be quick to judge or punish. Their grandchildren may be less defensive and more likely to listen closely to their advice about avoiding drugs. Grandparents can also help reinforce positive messages and praise their grandchildren when they do well.

themselves, and they develop the self-confidence to trust their own judgment.

What your own alcohol, tobacco, and drug use tells your children

Drinking alcohol is one of the accepted practices of adulthood. It is legal for adults to have wine with dinner, beer at the end of a long week, or cocktails at a dinner party. But drinking to the point of losing control sends the

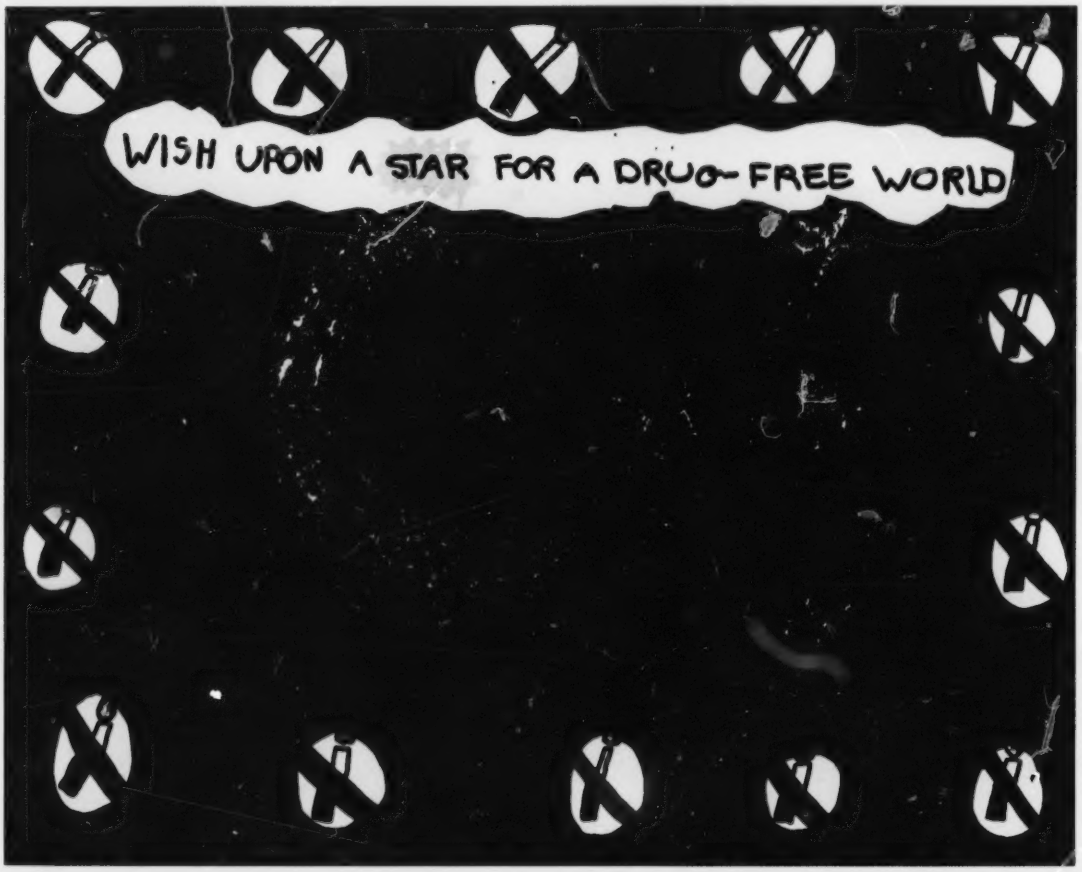


wrong message to children, as does reaching for a drink to remedy unhappiness or tension.

Although it is legal for adults to smoke cigarettes, the negative impact tobacco has on a smoker's health is well documented. If a child asks his parents why they smoke, they may explain that when they began, people didn't understand how unhealthy smoking is and that once a smoker starts, it's very hard to stop. Young people can avoid making the same mistake their parents did by never starting and risking addiction.

When parents smoke marijuana or use other illegal drugs, they compromise not only their children's sense of security and safety, but the children's developing moral codes as well. If you use illegal drugs, it is self-deluding to imagine that your children won't eventually find out. When they do, your parental credibility and authority will go out the window. If their parents–their closest and most important role models–don't respect the law, then why should

they? Parents who abuse alcohol or other drugs should seek professional help. This help is available at treatment centers and from support groups such as Alcoholics Anonymous and Narcotics Anonymous. Their children also may benefit from professional counseling and support from groups such as Families Anonymous, Al-Anon, and Nar-Anon.



Talking With Your Children Effectively

As soon as your child begins to talk, the questions come: "Why is the grass green?" "What's wrong with that man sitting in the park?" If you show your child that you're ready to give answers at any time, even if the topics make you uncomfortable, you'll forge a trusting relationship, and your child will feel comfortable coming to you with concerns because she knows you take her seriously.

Being a good listener also gives you insight into your child's world. Your child will tell you about the sights and sounds that influence him every day–he's the expert about fashion, music, TV, and movies that people his age follow. Ask him what music groups are popular and what their songs are about, what his friends like to do after school, what's cool and what's not and why. Encourage him with phrases such as "That's interesting" or "I didn't know that," and by asking follow-up questions.

In these conversations, you can steer the talk to drugs and why they're harmful. If you can ingrain this information in your children well before they are faced with making difficult choices, experts say they'll be more likely to avoid rather than use. In fact, **teenagers who say they've learned a lot about the risks of drugs from their parents are much less likely to try marijuana than those who say they learned nothing from them.** You needn't fear that by introducing the topic of drugs, you're "putting ideas" into your children's heads, any more than talking about traffic safety might make them want to jump in front of a car. You're letting them know about potential dangers in their environment so that when they're confronted with them, they'll know what to do.

To introduce the topic, ask your child what he's learned about drugs in school and what he thinks of them. He may even mention people who might be using them. If you hear

THE DRUGS IN YOUR KITCHEN CABINET

Ordinary household products such as nail polish remover, cleaning fluid, hair spray, gasoline, spray paint, and the propellant in aerosol whipped cream can be abused as dangerous inhalants. Inhalants pose a difficult challenge to parents because they can't be banished from the household.

Because inhalants are easily available, they are a popular drug for younger users; more than one in five children report having used inhalants by the eighth grade, the year during which usage peaks. Parents need to tell children about the deadly consequences of abuse. Inhalants starve the body of oxygen and can cause unconsciousness, severe damage to the brain and nervous system, and even death.

something you don't like (perhaps a friend smokes marijuana or your child confesses to trying beer at a party), it is important not to react in any way that cuts off further discussion. If he seems defensive or assures you that he doesn't know anyone who uses drugs, ask him why he thinks people use them. Discuss whether the risks are worth what people may get out of using them and whether he thinks it would be worth it to take the risks. Even without addiction, experimentation is too great a gamble. One bad experience, such as being high and misjudging how long it takes to cross a busy street, can change–or end–a life forever. If something interrupts your conversation, pick it up the next chance you get.

Teachable moments

Another way to talk about drugs is to take advantage of everyday "teachable moments":

- If you and your child are walking down the street and you see a group of teenagers drinking and hanging out, talk about the negative effects of drinking alcohol.
- Newspapers are full of the consequences of alcohol and drug abuse. Take your examples right off the front page. Ask your child if she heard about the mother who used drugs and was arrested. Who will take care of her baby now? Did she make a good decision when she used drugs?
- Watch TV with your children, and ask them what they think. Do the programs and advertising make drug use look acceptable and routine, or do they show its downside? When you see a news item involving drug use, point out the story's full implications to families and all of society: Drug addiction can cause or aggravate many tragedies involving child neglect and abuse, family violence and rape, HIV transmission, teenage suicide, and teenage pregnancy.
- Whenever you see an anti-drug commercial on TV, use it as an opening to talk with your children about drugs. Ask them what they think about the commercial. The White House Office of National Drug Control Policy, in conjunction with the Partnership for a Drug-Free America, has embarked upon an unprecedented national anti-drug media campaign that will provide many opportunities to discuss drugs with your children.

When there's a family history of alcoholism or drug abuse

If your family had a tendency for high blood pressure, you'd tell your children they might inherit it. In the same way, they need to know about recurring patterns of substance abuse, particularly if you, your spouse, or their grandparents have had problems with alcohol or other drugs. Children of substance abusers are much more likely to become addicted if they use drugs; they may have inherited genes that make them react to alcohol and drugs differently, and they may have had more difficult upbringings. When you use the example of a family member to illustrate why your children should be careful about trying alcohol and other drugs, you make a compelling argument.

Try to find a positive perspective. If substance abuse is a persistent problem in your family, you might tell your children that being aware of the challenge that the future holds better equips them to plan ahead and avoid potentially unhealthy situations.

HELPING YOUR CHILD SAY "NO" TO DRUGS

No matter where children grow up or who their friends are, nearly all of them are confronted at some time or another by friends with bad ideas–ways of testing limits, getting in trouble, and doing things they'll regret later. It's not so hard saying "No thanks, I have to go now" to a stranger. But it's a lot tougher when a child's friend–especially one whose approval means a lot to him–tries to get him to do something he knows is wrong.

Even "good kids" occasionally pester their friends into skipping a class or lying about why they were out together so late. But if friends or acquaintances entice your children to try tobacco, alcohol, or drugs, the consequences can be more serious. The best way to prepare children to succeed in these encounters is to "role play"–practice similar scenarios in advance. With the right words at the tip of their tongue, children can assert their independence while making it clear that they're rejecting their friends' choices and not the friends themselves.

You need to have these practice sessions before your child finds herself in any new situation. If your child hasn't asked you what she should do in such situations, find the time to bring it up yourself. Stress that you're working together on a skill that comes in handy whenever someone doesn't want to take "no" for an answer.

You might, for instance, take the role of a boy she likes and try to persuade her to share a six-pack of beer with you. What can she say? "You're such a jerk!" is alienating. "I don't know..." leaves the door open and sounds like she could be coaxed. The middle ground, in which she's firm but friendly, works best. Help her rehearse key phrases that give reasons for why she simply won't have a beer:

- *"My parents would kill me if they found out, and they always find out!"*
- *"No, I'm not into that stuff."*
- *"I tried it once, and I hate the taste."*
- *"My parents trust me to not drink, and I don't want to break that trust."*

Or she could state the consequences of drinking:

- *"I tried it once and ended up vomiting on everything!"*
- *"Drinking would make me feel out of control, and I hate that."*

She'll need to be prepared for protests. She can meet them with the "broken record" technique, in which she repeats her reason for not drinking over and over until attempts at persuading her cease. Or she can make it clear that the discussion about beer is over by changing the subject: "Did you watch the basketball game last night?" or "Hey, do you know if that concert's sold out?" If all else fails, she should leave the scene, saying, "I've got to go."

Your Child's Perspective

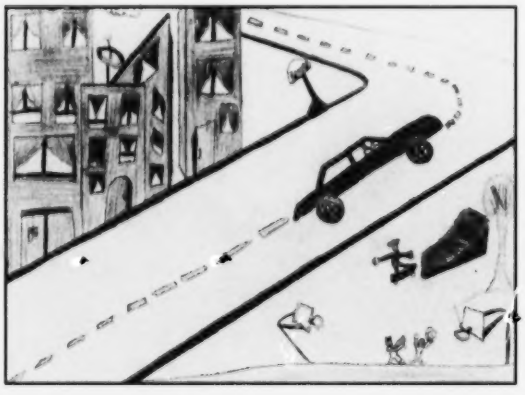
Why a child uses drugs

Understandably, some parents of drug users think that their child might have been pressured into taking drugs by peers or drug dealers. But children say they choose to use drugs because they want to:

- relieve boredom
- feel good
- forget their troubles and relax
- have fun
- satisfy their curiosity
- take risks
- ease their pain
- feel grown-up
- show their independence
- belong to a specific group
- look cool.

Rather than being influenced by new friends whose habits they adopt, children and teens often switch peer groups so they can hang around with others who have made the same lifestyle choices.

Parents know their children best and are therefore in the best position to suggest healthy alternatives to doing drugs. Sports, clubs, music lessons, community service projects, and after-school activities not only keep children and teens active and interested, but also bring them closer to parents who can attend games and performances. To develop a positive sense of independence, you could encourage babysitting or tutoring. For a taste of risk-taking, suggest rock-climbing, karate, or camping.



What our culture tells children about drugs

Unfortunately, the fashions and fads that thrive in our culture are sometimes the ones with the most shock value. Children today are surrounded by subtle and overt messages telling them what is "good" about alcohol, tobacco, and drugs. Your children may see TV characters living in wealth and splendor off drug money, may stumble onto a website urging legalization of marijuana, may see their favorite movie stars smoking in their latest films, or may hear songs describing the thrill of making love while high.

To combat these impressions, put your television and computer in a communal area so you can keep tabs on what your children are seeing. Sit down with them when they watch TV. Explore the Internet with them to get a feel for what they like. Anything disturbing can be turned into a "teachable moment." You may want to set guidelines for which TV shows, films, and websites are appropriate for your child. (You also may want to reassure children that the world is not as bleak as it appears in the news, which focuses heavily on society's problems.)

In the same way, familiarize yourself with your children's favorite radio stations, CDs, and tapes. According to a recent survey, most teenagers consider listening to music their favorite non-school activity and, on average, devote three to four hours to it every day. Since many of the songs they hear make drug use sound inviting and free of consequences, you'll want to combat this impression with your own clear position.

YOUR CHILD'S PERSPECTIVE

How To Teach Your Child About Drugs

Preschoolers

It may seem premature to talk about drugs with preschoolers, but the attitudes and habits that they form at this age have an important bearing on the decisions they will make when they're older. At this early age, they are eager to know and memorize rules, and they want your opinion on what's "bad" and what's "good." Although they are old enough to understand that smoking is bad for them, they're not ready to take in complex facts about alcohol, tobacco, and other drugs. Nevertheless, this is a good time to practice the decision-making and problem-solving skills that they will need to say "no" later on.

Here are some ways to help your preschool children make good decisions about what should and should not go into their bodies:

- Discuss why children need healthy food. Have your child name several favorite good foods and explain how these foods contribute to health and strength.
- Set aside regular times when you can give your son or daughter your full attention. Get on the floor and play with him; learn about her likes and dislikes; let him know that you love him; say that she's too wonderful and unique to do drugs. You'll build strong bonds of trust and affection that will make turning away from drugs easier in the years to come.
- Provide guidelines like playing fair, sharing toys, and telling the truth so children know what kind of behavior you expect from them.
- Encourage your child to follow instructions, and to ask questions if he does not understand the instructions.
- When your child becomes frustrated at play, use the opportunity to strengthen problem-solving skills. For example, if a tower of

blocks keeps collapsing, work together to find possible solutions. Turning a bad situation into a success reinforces a child's self-confidence.

- Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.
- Point out poisonous and harmful substances commonly found in homes, such as bleach, kitchen cleanser, and furniture polish, and read the products' warning labels out loud. Explain to your children that not all "bad" drugs have warnings on them, so they should only eat or smell food or a prescribed medicine that you, a grandparent, or a babysitter give them.
- Explain that prescription medications are drugs that can help the person for whom they are meant but that can harm anyone else–especially children, who must stay away from them.

Kindergarten through third grade (5-8 years old)

A child this age usually shows increasing interest in the world outside the family and home. Now is the time to begin to explain what alcohol, tobacco, and drugs are, that some people use them even though they are harmful, and the consequences of using them. Discuss how anything you put in your body that is not food can be extremely harmful. How drugs interfere with the way our bodies work and can make a person very sick or even cause them to die. (Most children of this age have had real-life experiences with a death of a relative or the relative of someone at school.) Explain the idea of addiction–that drug use can become a very bad habit that is hard to stop. Praise your

QUESTIONS CHILDREN FREQUENTLY ASK ABOUT DRUGS

Q. Why would people want to put bad things into their bodies?

A. One answer might be that they might not realize how dangerous the bad things are; another is that they are not taking care of themselves. Sometimes people start using a drug just to see what it feels like, but it can turn into an addiction (like cigarettes) and it's very hard to stop.

Q. Why are some drugs good for you and some drugs wrong for you to take?

A. You can discuss how drugs are powerful chemicals that change the way you feel. Doctors prescribe medicine to make sick people better–these are "good" drugs. "Bad" drugs are ones that aren't given by doctors and don't make you better; in fact, they can harm your body. That is why it is wrong to take these "bad" drugs.

Q. Why can't I taste that "grown-up" drink?

A. A small amount of alcohol has a much greater negative effect on a child's body than on an adult's; even a small amount can sicken a child.

Q. Did you smoke marijuana when you were young?

A. Don't give your child more information than necessary. If the answer is "yes," give the reasons why you feel you made a mistake; for instance, it made you feel out of control, you missed schoolwork, messed up in sports, let down your friends or lost touch with them. Also explain that more is known about the harmful effects of marijuana and other drugs now.

children for taking good care of their bodies and avoiding things that might harm them.

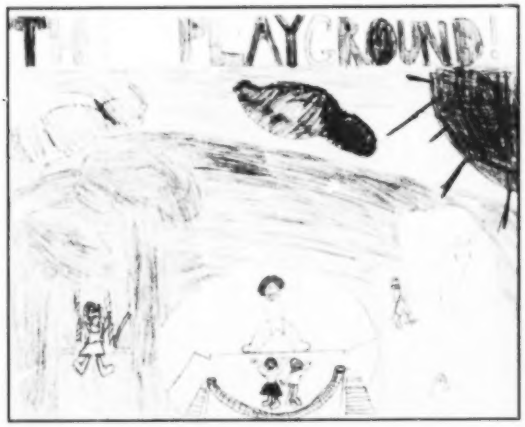
By the time your children are in third grade, they should understand:

- how foods, poisons, medicines, and illegal drugs differ;
- how medicines prescribed by a doctor and administered by a responsible adult may help during illness but can be harmful if misused, so children need to stay away from any unknown substance or container;
- why adults may drink but children may not, even in small amounts–it's harmful to children's developing brains and bodies.

Grades four through six (9-11 years old)

Continue to take a strong stand about drugs. At this age, children can handle more sophisticated discussion about why people are attracted to drugs. You can use their curiosity about major traumatic events in people's lives (like a car accident or divorce) to discuss how drugs can cause these events. Children this age also love to learn facts, especially strange ones, and they want to know how things work. This age group can be fascinated by how drugs affect a user's brain or body. Explain how anything taken in excess–whether it's cough medicine or aspirin–can be dangerous.

Friends–either a single best friend or a group of friends–are extremely important during this time, as is fitting in and being seen as "normal." When children enter middle or junior high school, they leave their smaller, more protective surroundings and join a much larger, less intimate crowd of preteens. These older children may expose your



child to alcohol, tobacco, or drugs. Research shows that the earlier children begin using these substances, the more likely they are to experience serious problems. It is essential that your child's anti-drug attitudes be strong before entering middle school or junior high.

Before leaving elementary school, your children should know:

- the *immediate* effects of alcohol, tobacco, and drug use on different parts of the body, including risks of coma or fatal overdose;
- the *long-term* consequences–how and why drugs can be addicting and make users lose control of their lives;
- the reasons why drugs are especially dangerous for growing bodies;
- the problems that alcohol and other illegal drugs cause not only to the user, but the user's family and world.

Rehearse potential scenarios in which friends offer drugs. Have your children practice delivering an emphatic "That stuff is really bad for you!" Give them permission to use you as an excuse: "My mom will kill me if I drink a beer!" "Upsetting my parents" is one of the top reasons preteens give for why they won't use marijuana.

Teach your children to be aware of how drugs and alcohol are promoted. Discuss how

WHEN YOUR CHILD ENTERS MIDDLE SCHOOL OR JUNIOR HIGH

This year is both an exciting and challenging time for children. They're little fish in a big pond and desperately want to fit in. Because your children may now see older students using alcohol, tobacco, and other drugs and may think they are cool and self-assured, your children may be tempted to try drugs, too. Drug use goes up dramatically in the first year of middle school or junior high.

No matter where you live, your children will be exposed to all kinds of drugs from now on, so you need to be familiar with all the information about drugs that they may be receiving. The names of drugs and methods of manufacture and ingestion change constantly, so look over the pictures of drugs, paraphernalia, and slang terms on the drug chart on pages 34 - 39.

At this time when peer approval means everything, your children may make you feel unwelcome. But while your children are pulling away from you to establish their own identities or may seem to be embarrassed by you, they need you to be involved in their lives more than ever before.

To help your children make good choices during this critical phase, you should:

- *Make sure they're well-versed in the reasons to avoid alcohol, tobacco, and drugs;*
- *Get to know their friends by taking them to and from after-school activities, games, the library, and movies (while being sensitive to their need to feel independent);*
- *Volunteer for activities where you can observe your child at school;*
- *Get acquainted with the parents of your children's friends and learn about their children's interests and habits. If it seems that your child is attracted to those with bad habits, reiterate why drug use is unacceptable.*

advertising, song lyrics, movies, and TV shows bombard them with messages that using alcohol, tobacco, and other drugs is glamorous. Make sure that they are able to separate the myths of alcohol, tobacco, and other drug use from the realities, and praise them for thinking for themselves.

Get to know your children's friends, where they hang out, and what they like to do. Make friends with the parents of your children's friends so you can reinforce each others' efforts. You'll feel in closer touch with your child's daily life and be in a better position to recognize trouble spots. (A child whose friends are all using drugs is very likely to be using them, too.) Children this age really appreciate this attention and involvement. **In fact, two-thirds of fourth-graders polled said that they wished their parents would talk more with them about drugs.**

Grades seven through nine (12-14 years old)

A common stereotype holds that teenagers are rebellious, are ruled by peer pressure, and court danger even to the point of self-destruc-

tiveness. Although teens do often seem unreceptive to their parents as they struggle to become independent, teens need parental support, involvement, and guidance more than ever.

Young teens can experience extreme and rapid shifts in their bodies, emotional lives, and relationships. Adolescence is often a confusing and stressful time, characterized by mood changes and deep insecurity, as teens struggle to figure out who they are and how to fit in while establishing their own identities. It's not surprising that this is the time when many young people try alcohol, tobacco, and other drugs for the first time.

Parents may not realize that their young teens feel surrounded by drug use. Nearly nine out of ten teens agree that "it seems like marijuana is everywhere these days." Teens are twice as likely to be using marijuana as parents believe they are, and teens are getting high in the places that parents think are safe havens, such as around school, at home, and at friends' houses.

Although teens may not show they appreciate it, parents profoundly shape the choices their children make about drugs. Take advantage of how much young people care about social image and appearance to point out the *immediate*, distasteful consequences of tobacco and marijuana use–for example, that smoking causes bad breath and stained teeth and makes clothes and hair smell. At the same time, you should discuss drugs' *long-term* effects:

- the lack of crucial social and emotional skills ordinarily learned during adolescence;
- the risk of lung cancer and emphysema from smoking;
- fatal or crippling car accidents and liver damage from heavy drinking;
- addiction, brain coma, and death.

Drug Myths vs. Reality

While you are teaching the facts about drugs, your child is getting lots of misinformation and mythology from peers. Be aware and be ready to address the half-truths and misinformation that children hear and believe, such as:

***Myth:* Marijuana is not harmful because it is "all natural" and comes from a plant.**

***Truth:* Marijuana smoke contains some of the same cancer-causing compounds as tobacco, sometimes in higher concentrations.**

***Myth:* It's okay to use marijuana as long as you're not a chronic user or "stoner."**

***Truth:* Occasional use can lead to frequent use.**

***Myth:* Because sniffing powdered heroin doesn't require needles, it isn't very risky (40% of the high school seniors polled do not believe there is a great risk in trying heroin).**

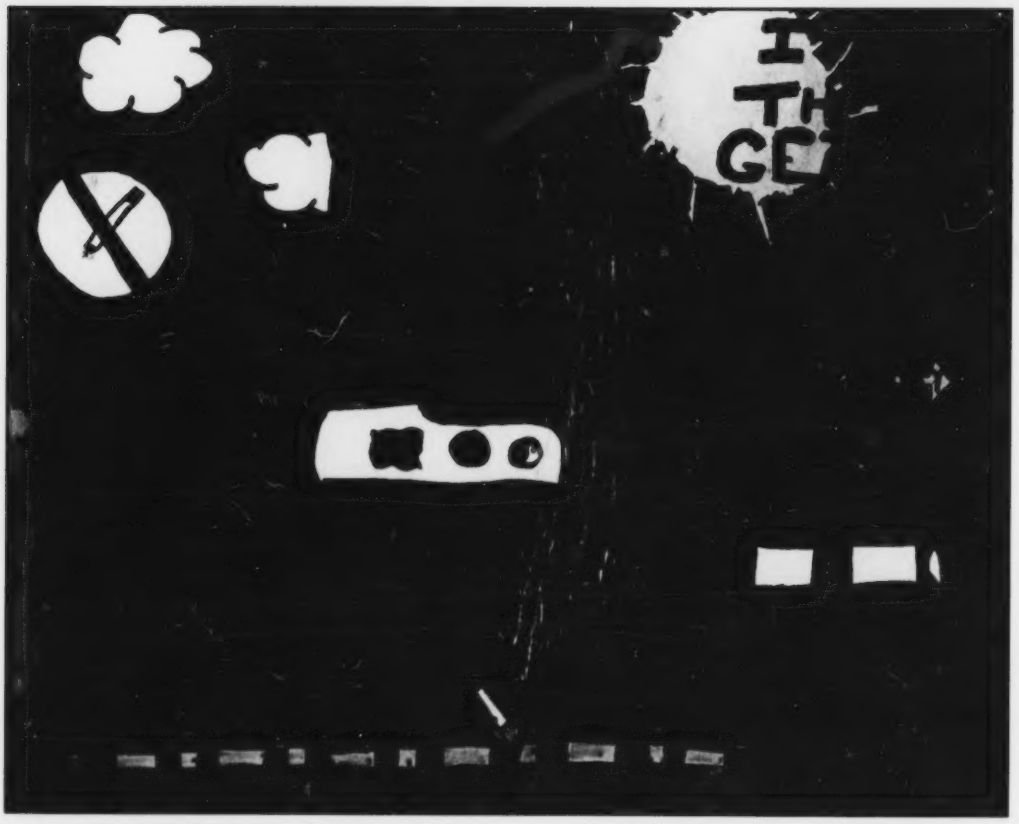
***Truth:* Heroin is dangerous no matter how it's ingested. Once addicted to heroin, users may eventually switch to injecting the drug because it's cheaper.**

***Myth:* Drugs are not that dangerous and I can handle it.**

***Truth:* Drug use is extremely unpredictable and affects people differently. Anyone can become addicted to drugs.**

***Myth:* Everyone is doing it.**

***Truth:* Research shows that more than four out of five eighth graders have not used drugs in the past month. Even among high school seniors (the group with the highest rate of marijuana use), only a quarter of those polled in a national study reported using the drug in the last month. In any given school, most students aren't doing drugs.**



Grades ten through twelve (15-17 years old)

Older teens have already had to make decisions many times about whether to try drugs or not. Today's teens are savvy about drug use, making distinctions not only among different drugs and their effects, but also among trial, occasional use, and addiction. They witness many of their peers using drugs–some without obvious or immediate consequences, others whose drug use gets out of control.

To resist peer pressure, teens need more than a general message not to use drugs. It's now also appropriate to mention how alcohol, tobacco, and other drug consumption during pregnancy has been linked with birth defects in newborns. Teens need to be warned of the potentially deadly effects of combining drugs. They need to hear a parent's assertion that *anyone* can become a chronic user or

MEDICAL MARIJUANA UPDATE

If your teen is interested in the debate about whether or not marijuana should be legal in certain circumstances, you can state the facts: Voters' referenda are appearing in some states to legalize marijuana for medical use.

Some supporters of medical marijuana are genuinely concerned with exploring the potential for providing sick people with relief from their suffering; others are using the issue to change drug laws in America and to legalize illegal drugs, principally marijuana.

To protect consumers, medical protocol is set by health authorities and not determined by popular vote. The Food and Drug Administration withholds approval of a drug until studies strongly indicate that it is safe and effective for its *intended* use. Unless such studies determine that marijuana used medically fits that description, the American Medical Association recommends that the drug not be prescribed or used for medical purposes.

an addict and that even non-addicted use can have serious permanent consequences.

Because most high school students are future oriented, they are more likely to listen to discussions of how drugs can ruin chances of getting into a good college, being accepted by the military, or being hired for certain jobs.

Teenagers tend to be idealistic and enjoy hearing about ways they can help make the world a better place. Tell your teens that drug use is *not* a victimless crime, and make sure they understand the effect that drug use has on our society. Appeal to your teen by pointing out how avoiding illegal drugs helps make your town a safer, better place, and how being drug-free leaves more energy to volunteer after school for tutoring or coaching younger kids–activities the community is counting on.

Your teenager may be aware of the debate over the legalization of marijuana and whether or not doctors should be able to prescribe it for medicinal purposes. The idea that there might be legitimate health advantages to an illegal drug is confusing. Now that your teenager is old enough to understand the complexities of this issue, it is important to discuss it at some point–perhaps during a teachable moment

TOBACCO AND TEENS: A BAD COMBINATION

Unfortunately, increased awareness about the hazards of tobacco smoking has not deterred many teens. In fact, the percentage of high school seniors who smoke has gone up since 1983. One reason may be that teenagers are notorious for not worrying about death–it seems a long way off. They may even convince themselves that by the time they're adults, cancer and the other heart and lung diseases that smoking causes will be cured.

If you discover your son or daughter smoking, experts say you should tell him or her to quit immediately and that smoking is not tolerated. You need to be firm but supportive; let your child know you realize that breaking tobacco addiction is difficult for anyone, regardless of age. Understand that a child who is an addicted smoker may relapse and will need encouragement. Although relapses on the road to abstinence may recur, always make it clear that quitting is imperative. If your child can't seem to quit independently, seek help from your family physician who may prescribe medication or direct your child to an anti-smoking program.

inspired by a news report. You may want to let your teen know that the ingredient in marijuana that has some medicinal value–delta-9-tetrahydrocannabinol (THC)–can already be prescribed by doctors in a pill form that doesn't contain the cancer-causing substances of smoked marijuana. Other medical painkillers include codeine and morphine, both of which have been determined safe for prescription use after rigorous testing and review by scientific medical organizations.

It is important that parents praise and encourage teens for all the things they do well and for the positive choices they make. When you are proud of your son or daughter, tell him or her. Knowing they are seen and appreciated by the adults in their lives is highly motivating and can shore up their commitments to avoid drug use. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

FIVE SONS–MANY LESSONS

Marty H., Cincinnati, Ohio, married, father of five sons, ages 8 to 18:

"My wife and I became concerned about our oldest son when he was a sophomore in high school. He started changing friends, and we suspected that he might be using drugs. So we attended a workshop run by a local parents' group. We started talking about drugs with and around the kids; now we don't shy away from the topic. We're not evangelical, but we state firmly how drug use is unacceptable in our house. We've also tried to lower the decibel level here and to listen to each other better. We manage to have dinner together several times each week.

"We also learned that it's helpful to give your kids an excuse to say 'no' to drugs. They can say 'I'd love to try it. I'm as cool as you are, but my parents are wackos!'

"Since we attended the workshop, our son has really come around, and his grades are consistently good. The younger boys haven't gone through any rough spots, and I think it's due in large part to what we're doing at home. My wife and I were kids of the '60s, and I think a lot of us fear seeming hypocritical. But I'd rather have my child think I'm a hypocrite and be alive and have a chance to mature and grow older."

BEST COPY AVAILABLE

What To Do If You Think Your Child Might Be Using Drugs

Signs that your child might be using drugs

Since mood swings and unpredictable behavior are frequent occurrences for preteens and teenagers, parents may find it difficult to spot signs of alcohol and drug abuse. But if your child starts to exhibit one or more of these signs (which apply equally to sons and daughters), drug abuse may be at the heart of the problem:

- She's withdrawn, depressed, tired, and careless about personal grooming.
- He's hostile and uncooperative; he frequently breaks curfews.
- Her relationships with family members have deteriorated.
- He's hanging around with a new group of friends.
- Her grades have slipped, and her school attendance is irregular.
- He's lost interest in hobbies, sports, and other favorite activities.
- Her eating or sleeping patterns have changed; she's up at night and sleeps during the day.
- He has a hard time concentrating.
- Her eyes are red-rimmed and/or her nose is runny in the absence of a cold.
- Household money has been disappearing.

The presence of pipes, rolling papers, small medicine bottles, eye drops, or butane lighters in your home signal that your child may be using drugs. Other clues include homemade pipes and bongs (pipes that use water as a filter) made from soda cans or plastic beverage containers. If

any of these indicators show up, parents should start discussing what steps to take so they can present a united front. They may also want to seek other family members' impressions.

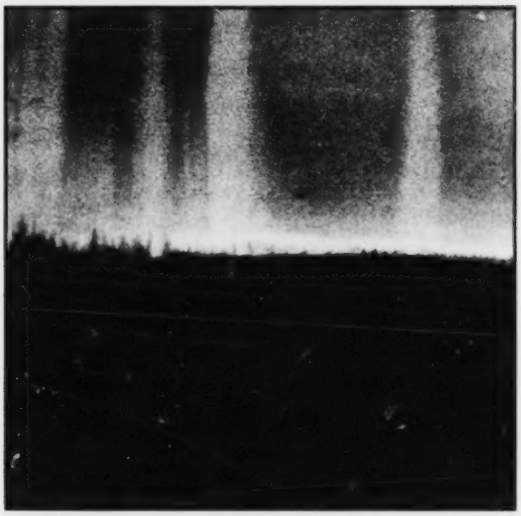
Acting on your suspicions

If you suspect that your child is using drugs, you should voice your suspicions openly–avoiding direct accusations–when he or she is sober or straight and you're calm.

This may mean waiting until the next day if he comes home drunk from a party, or if her room reeks of marijuana. Ask about what's been going on–in school and out–and discuss how to avoid using drugs and alcohol in the future. If you encounter reluctance to talk, enlist the aid of your child's school guidance counselor, family physician, or a local drug treatment referral and assessment center–they may get a better response. Also explore what could be going on in your child's emotional or social life that might prompt drug use.

Taking the time to discuss the problem openly without turning away is an important first step on the road to recovery. It shows that your child's well-being is crucial to you and that you still love him, although you hate what he's doing to himself. But you should also show your love by being firm and enforcing whatever discipline your family has agreed upon for violating house rules. You should go over ways to regain the family's trust such as calling in, spending evenings at home, and improving grades.

Even in the face of mounting evidence, parents often have a hard time acknowledging that their child has an alcohol, tobacco, or drug problem. Anger, resentment, guilt, and a sense of failure are all common reactions, but it is important to avoid self-blame. Drug abuse occurs in families of all economic and social backgrounds, in happy and unhappy homes alike. Most important is that the faster you act, the sooner your child can start to become well again.



Addiction

No one who begins to use drugs thinks he or she will become addicted. Addiction is a disease characterized by compulsive drug-seeking behavior regardless of the consequences. Research conducted by the National Institute on Drug Abuse clearly shows that virtually all drugs that are abused have a profound effect on the brain. Prolonged use of many drugs including cocaine, heroin, marijuana and amphetamines can change the brain in fundamental and long-lasting ways, resulting in drug craving and addiction.

If and when a drug abuser becomes addicted depends on the individual. Research shows that children who use alcohol and tobacco are more likely to use marijuana than children who do not use these substances. Children who use marijuana are more likely to use other addictive drugs. Certain genetic, social, and environmental risk factors make it more likely that certain individuals will become addicted to alcohol, tobacco, and other drugs. These include:

- **children of alcoholics** who, according to several studies, may have inherited genes that make them more prone to addiction, and who may have had more stressful upbringings;

Advice from a teen in treatment

Jamal,* 17, treatment client in a residential program in Encinitas, California:

"My mom and dad are both addicts. When I was 15, I was living with my uncle, and we got into a fight. I went to stay overnight at a friend's, and he was using marijuana. So we got high on pot. But pot got old, and a bunch of us went to our dealer's house, gave him all the money we had, and he bought hard liquor for us. It made me feel on top of the world, and alcohol became my drug of choice.

"I started ditching school, and I got suspended. I only went to get high anyway. But now I couldn't graduate. I was living with my grandmother at the time, and a peer counseling teacher from school recommended a residential treatment center.

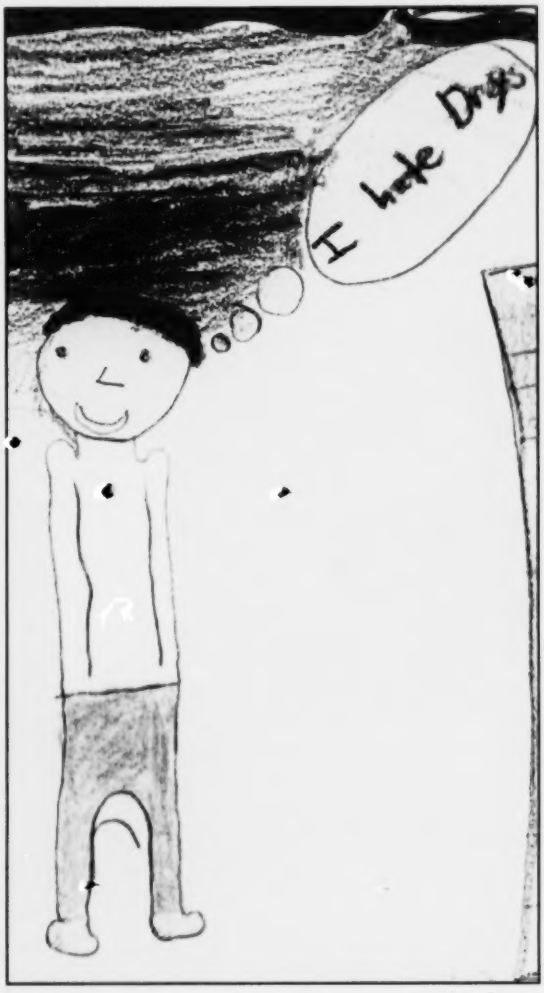
"When I got here, I didn't think I'd stay. I thought I'd just come to cool down. But they started forcing me to change. The staff made me see that I was out of control. In about six months, I started changing. The counselors threw my issues in my face–I had been molested and abused when I was young, and I had had problems with my mom. I made commitments that I had to keep. I plan to graduate and move back to New York, and I hope to attend college.

"My advice to anyone doing drugs is that if you feel vulnerable, find someone–your best friend or someone you know who cares–and do what is hardest: Talk about your pain. The people who take care of you shouldn't be dictators too; they should share their own experiences and let kids know that they're there for them. I wish my parents had talked to me about their own drug problems."

* name changed

- **sensation-seekers** who may like the novelty of feeling drunk or high;
- **children with psychological problems**, such as conduct disorders, who self-medicate to feel better;
- **children with learning disabilities**, and others who find it difficult to fit in or become frustrated learning;
- **children of poverty** who lack access to opportunities to succeed and to resources when they're in trouble.

The more risk factors children have, the greater their vulnerability. And everyone has a different ability to tolerate drugs and alcohol–what if your child's tolerance is very low?



Regardless of how "cool" drugs may look, there is nothing glamorous about the reality of addiction, a miserable experience for the addict and everyone around him. Addiction causes an all-consuming craving for drugs, leading an otherwise responsible, caring person to destroy relationships, work, and family life.

Finding the right treatment

Certified drug and alcohol counselors work with families to find the program best suited to a child's needs. To find a good certified counselor you can consult your child's doctor, other parents whose children have been treated for drug abuse, the local hospital, a school social worker, the school district's substance abuse coordinator, or the county mental health society. You can also call the U. S. Dept. of Health and Human Services Center for Substance Abuse Treatment (800) 662-HELP for referrals. Counselors will discuss treatment options such as individual or group out-patient programs, prescription medication, and residential programs. Counselors may also have information on whether a particular treatment center will accept third-party, partial or no payment for services. (Some residential centers reserve a number of government-financed beds for patients who are unable to afford treatment.) Counselors may also be able to suggest support groups that can steer families to sources of funding such as local church programs.

Addiction is a treatable disease. The success of any treatment approach depends on a variety of factors such as the child's temperament and willingness to change, and the extent and frequency of use. Drug addiction is now understood to be a chronic, relapsing disease. It is not surprising, then, that parents may have to

A FAMILY TRIUMPHS

Andrea M.*, married; a New Jersey mother of a daughter, 16, and son, 18:

"Both my kids were fun-loving and good students but when my son was almost 16, his behavior changed. He was having trouble in school, he found a different set of friends, his personal appearance suffered, he slept all day and he was wide awake all night. I thought this was just typical teenage stuff. I didn't notice any changes in my daughter, but it turns our that she had started around the same time and was just better at hiding her drug abuse.

"We began getting phone calls at night, and my money started disappearing, but my husband and I disagreed about what to do, so we did nothing. Finally, about a year ago, my son and daughter got caught together trying to sell tabs of acid to the police in a sting operation.

"They both received two years' probation, which is mandatory in our state for a first drug offense. My husband decided that day that our kids needed a full-force intervention program, so we brought them to a treatment facility not too far from our home in the suburbs. Both kids attended sessions there several times per week after school. We were shocked to learn that they had been using drugs much more than we'd ever imagined–marijuana, acid, crystal meth and Ketamine.

"The parents attend the program on a regular basis, too. We learn the three C's: that 'you didn't Cause, can't Control and can't Cure' your kids' problems. But you can't ignore the problems because they won't go away by themselves.

"My daughter graduated from the program first. She's clean and has a boyfriend and is working on her SATs so she can go to college the year after next. My son lives at home, too, and is trying to juggle the commitments of a girlfriend, work, and college. They both go to Narcotics Anonymous meetings, which is a continuation of the treatment program. We're relieved, but we still take it one day at a time."

* name changed

make a number of attempts at intervention before their child can remain drug-free, and they should not despair if their first try does not produce long-lasting results. Even if it is not apparent at the time, each step brings the child closer to being healthy.

Getting Involved And Staying Involved

Parent-school partnerships

Parents do not need to feel they are alone in helping their children stay drug-free. For the first time ever, there are preventative intervention programs that have been proven to be effective and are available to schools, families and communities.

Children have the best prospects for leading healthy, drug-free lives when schools support parents in their anti-drug message. There should be nothing confusing or contradictory in what children learn about drugs from the adults in their lives, and school policies need to reflect the same attitude toward alcohol and drugs that you express at home: Drug use is not acceptable. Drugs diminish a child's ability to concentrate and follow through on academic responsibilities, they cause loss of motivation and absenteeism, and students who use them can be disruptive and drain teachers' time and energy.

The best way to ensure that the anti-drug policies at your child's school are strong is to be involved. You can:

- **Learn about the current policies regarding alcohol and other drugs** at your child's school. If there's no anti-drug policy in place, attend PTA or curriculum review meetings,

or schedule an interview with the principal to help develop a policy. The policy should specify what constitutes an alcohol, tobacco, or other drug offense, spell out the consequences for failing to follow the rules, and describe procedures for handling violations.

- **Familiarize yourself with how drug education is being taught** in your child's school. Are the faculty members trained to teach about alcohol, tobacco, and other drug use? Is drug education taught in an age-appropriate way at each grade level throughout the year or only once during a special week? Is drug education taught during health class, or do all the teachers incorporate anti-drug information into their classes? Is there a parent education component? Is the school's program based on current research?

- **Immerse yourself in the school's drug education program at home.** Ask your child to show you any materials distributed during or outside class and take the opportunity to review them together.
- **Find out if your child's school conducts assessments of its drug problem** and whether these results are used in the program.
- **Ask what happens to those who are caught abusing drugs.** Does the school offer a list of referrals for students who need special help?
- **Request and examine any existing materials.** Do they contain a clear message that alcohol, tobacco, and other drug use is wrong and harmful? Is the information accurate and up to date?
- **Investigate whether your school's drug program is being evaluated for success.** Research indicates that some of the most effective programs emphasize the value of life skills such as coping with anxiety, being assertive, and feeling comfortable socially. When these lessons are combined with drug

WHAT YOU CAN DO

Your child's transition from elementary school to middle school or junior high calls for special vigilance. Children are much more vulnerable to drugs and other risky behavior when they move from sixth to seventh grade than when they were younger.

Continue the dialogue on drugs that you began when your child was younger, and stay involved in your child's daily life by encouraging interests and monitoring activities. Use the specific actions below to significantly reduce the chance of your child becoming involved with drugs. Some of these actions, like being sure your child is supervised in the hours after school, may seem like common sense. And some may meet with resistance from preteens who are naturally striving to achieve independence from their parents. But *all* the measures listed below are critically important in making sure that your child's life is structured in such a way that drugs have no place in it.

- ***If possible, arrange to have your children looked after and engaged from three to five p.m.*** *Encourage them to get involved with youth groups, arts, music, sports, community service and academic clubs.*
- ***Make sure children who are unattended for periods during the day feel your presence.*** *Give them a schedule and set limits on their behavior. Give them household chores to accomplish. Enforce a strict phone-in-to-you policy. Leave notes for them around the house. Provide easy-to-find snacks.*
- ***Get to know the parents of your child's friends.*** *Exchange phone numbers and addresses. Have everyone agree to forbid each others' children from consuming alcohol, tobacco, and other drugs in their homes, and pledge that you will inform each other if one of you becomes aware of a child who violates this pact.*
- ***Call parents whose home is to be used for a party.*** *Make sure they can assure you that no alcoholic beverages or illegal substances will be dispensed. Don't be afraid to check out the party yourself to see that adult supervision is in place.*
- ***Make it easy for your child to leave a place where substances are being used.*** *Discuss in advance how to contact you or another designated adult in order to get a ride home. If another adult provides the transportation, be up and available to talk about the incident when your child arrives home.*
- ***Set curfews and enforce them.*** *Weekend curfews might range from 9 p.m. for a fifth-grader to 12:30 a.m. for a senior in high school.*
- ***Encourage open dialogue with your children about their experiences.*** *Tell your child, "I love you and trust you, but I don't trust the world around you, and I need to know what's going on in your life so I can be a good parent to you."*

education and media literacy (being able to critically evaluate the media's messages), students confronted with drugs are better equipped to resist them.

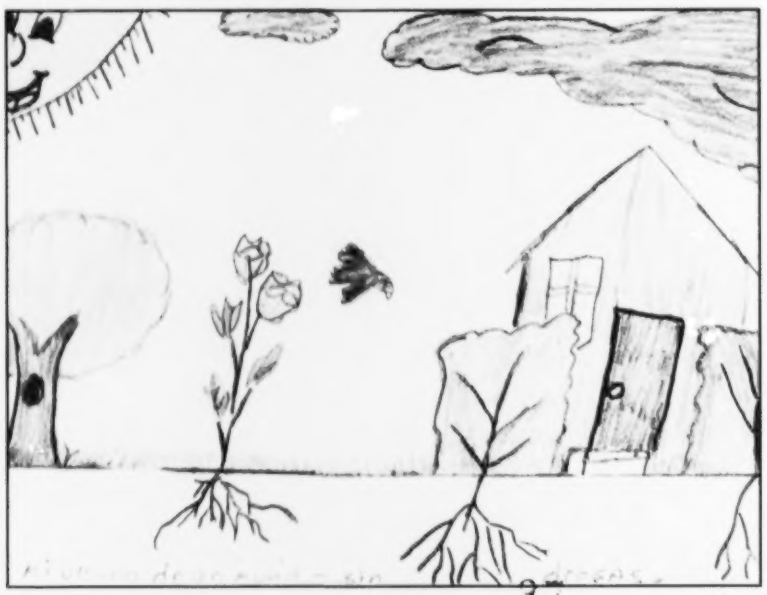
Help from the community

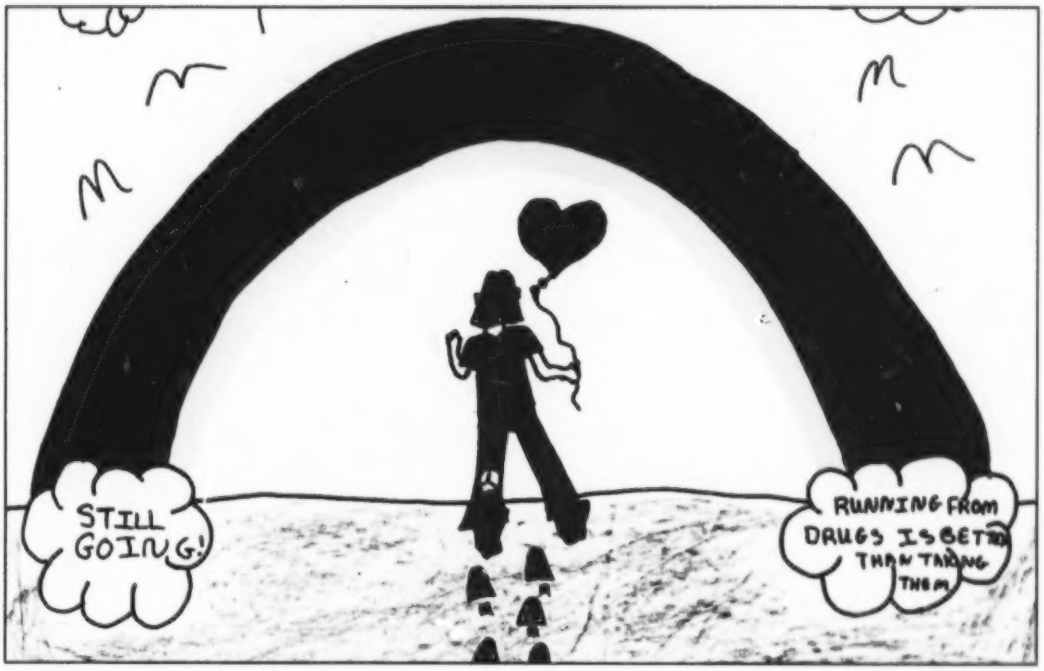
Drug-free sons and daughters not only strengthen their families but their communities, too. As a result, many towns have found ways to help local young people stay healthy. Some offer teens alternatives to familiar rituals, such as alcohol- and drug-free proms, and special dry events such as First Night festivities on New Year's Eve. Others support student-run clubs where teens can hang out, listen to music, and play sports in the evening.

Reclaiming our neighborhoods block by block

Contrary to a common misperception, drug-use rates for urban African-American children have typically been lower than rates for the population as a whole. But children in less affluent urban areas are more often exposed to drugs and the street-level drug culture. When dealers make themselves at home in a neighborhood, they often bring with them a number of other blights: crime, truancy, a higher drop-out rate, increased drug use, the physical deterioration of buildings and common areas, and despair. Residents, however, often don't realize the tools at their command to discourage drug dealing. Dealers tend to avoid neighborhoods in which the community stands united against them. Here's how we can demonstrate our commitment to reclaiming our streets:

- **Form a community patrol, block association, or Neighborhood Watch.** Members can take turns patrolling the streets and recording license-plate numbers of cars cruising for drugs.
- **Increase two-way communication with the police** by inviting them to neighborhood meetings and by keeping them informed about suspicious drug activities, which can be reported anonymously.
- **Fill the streets with volleyball games, block parties, and other events** that make a strong, united showing to dealers.





- **Call the city public works department for help in cleaning up.** Blazing lights, litter-free streets, and newly-planted flowers tell drug dealers that residents care too much about their neighborhood to hand it over.
- **Provide positive outlets for the energies of local young people** so they won't be attracted to drug-dealing–an activity that increases the likelihood that they'll become users.
- **Continue to reassure our children that we love them and don't want them to do drugs.** Even in neighborhoods where a walk to the grocery store can mean exposure to a drug dealer, children whose parents reinforce strong anti-drug attitudes stand a better chance of growing up drug-free.

Parents supporting each other

Parents have no stronger allies in their fight against drug abuse than each other. Many parents find it useful to meet regularly in support of each other. It's helpful to be able to turn to other parents at the same stage of child-rearing with questions like "My daughter wants to go to a party where the chaperone will be a 20-year-old cousin–are you allowing your son to go?" If you haven't met many parents in your area with whom you can share anti-drug plans, you might want to contact a parent or community group with resources for parents. These organizations also provide interested families with information about drug prevention and referrals for treatment.

No matter how good school and community anti-drug efforts are, a parent's prevention campaign is still the most powerful. Gail Amato Baker, former president of Bowling Green Parents for Drug-Free Youth, who is now a community service representative for the Passage Group in Knoxville, Tennessee, tells why: "People often ask me why I think parents are the answer, and I think it's because we have the most to lose. Schools can help, churches can help, law enforcement can help, but no one can replace the family. Being involved with drug and alcohol prevention lets our children know that we care. It strengthens the family and helps us to be the kind of parents our children need us to be."

SPECIFIC DRUGS AND THEIR EFFECTS

	DEPRESSANT	STIMULANTS	
Drug Name:	Alcohol	Amphetamines	Methamphetamine
Other Names:	*Beer, wine, liquor, cooler, malt liquor, booze*	*Speed, uppers, ups, hearts, black beauties, pep pills, copilots, bumble bees, benzedrine, dexedrine, footballs, biphetamine*	*Speed, meth, crank, crystal, ice, fire, croak, crypto, white cross, glass*
How Consumed:	Orally	Orally, injected, snorted, or smoked	Orally, injected, snorted, or smoked
Effects:	• Addiction (alcoholism) • Dizziness • Slurred speech • Disturbed sleep • Nausea • Vomiting • Hangovers • Impaired motor skills • Violent behavior • Impaired learning • Fetal alcohol syndrome • Respiratory depression and death (high doses)	• Addiction • Irritability • Anxiety • Increased blood pressure • Paranoia/psychosis • Depression • Aggression • Convulsions • Dilated pupils and blurred vision • Dizziness • Sleeplessness • Loss of appetite; malnutrition • Increased body temperature • Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected	• Addiction • Irritability • Anxiety • Increased blood pressure • Paranoia/psychosis • Aggression • Nervousness • Hyperthermia • Compulsive behavior • Stroke • Depression • Convulsions • Heart and blood vessel toxicity • Insomnia • Loss of appetite; malnutrition • Hallucinations • Formication: the sensation of insects creeping on or under the skin • Arrhythmia • Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected
Facts for Parents:	*25% of 8th graders have admitted to being intoxicated at least once.*	*Chronic use can induce psychosis with symptoms similar to schizophrenia such as paranoia, visual and auditory hallucinations.*	*Some users avoid sleep for 3 to 15 days.* *"Ice" is the street name for smokable methamphetamine.*

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STIMULANTS

Ecstasy
(methylenedioxy amphetamine)

XTC, Adam, MDMA

Orally

- Psychiatric disturbances including panic, anxiety, depression, and paranoia
- Muscle tension
- Nausea
- Blurred vision
- Sweating
- Increased heart rate and blood pressure
- Tremors
- Hallucinations
- Reduced appetite
- Sleep problems
- Fainting
- Chills

Ecstasy is popular at all-night underground dance parties (called "raves") and is the most common "designer drug".

Ritalin
(methylphenidate)

Speed, west coast

NOTE: Ritalin, a legally prescribed medication for treating Attention Deficit Disorder and hyperactivity, is sometimes sold and abused as a street drug.

Tablet is crushed, and the powder is snorted or injected

- Loss of appetite
- Fevers, convulsions, and severe headaches
- Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected
- Irregular heartbeat and respiration
- Paranoia, hallucinations, delusions
- Excessive repetition of movements and meaningless tasks
- Tremors, muscle twitching

Some children buy or steal the drug from their classmates.

Herbal Ecstasy/ Ephedrine

Herbal Ecstacy (sic), Cloud 9, Rave Energy, Ultimate Xphoria, X

Orally

- Increased heart rate and blood pressure
- Seizures
- Heart attacks
- Stroke
- Death

The active ingredients in Herbal Ecstasy are caffeine and ephedrine.

Designer Drugs
(Fentanyl-based)

Synthetic heroin, goodfella

Injected, sniffed, or smoked

- Instant respiratory paralysis
- Potency creates strong possibility for overdose
- Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected
- Many of the same effects as heroin

Designer drugs are created by changing the molecular structure of an existing drug or drugs to create a new substance.

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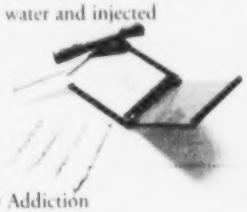
SPECIFIC DRUGS AND THEIR EFFECTS

STIMULANTS

Drug Name:	GHB (Gamma Hydroxybutyric Acid)	Cocaine	Crack
Other Names:	*Liquid ecstasy, somatomax, scoop, Grievous Bodily Harm, liquid x, Georgia Home Boy, goop*	*Coke, snow, nose candy, flake, blow, big C, lady, white, snowbirds*	*Rock, freebase*
How Consumed:	Snorted, orally in liquid form, smoked, or mixed into drinks	Snorted or dissolved in water and injected 	Heated and smoked in a pipe
Effects:	• Liver failure • Vomiting • Tremors • Seizures • Comas • Fatal respiratory problems	• Addiction • Pupil dilation • Elevated blood pressure and heart rate • Increased respiratory rate • Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected • Paranoia • Seizures • Heart attack • Respiratory failure • Constricted peripheral blood vessels • Restlessness, irritability, anxiety • Loss of appetite • Tactile hallucinations • Insomnia • Increased body temperature • Death from overdose	• Same as cocaine
Facts for Parents:	*Sometimes the user transports the drug in empty hotel shampoo or eye-dropper bottles.*	*Cocaine is a powerfully addictive drug.* *Heavy use may produce hallucinations, paranoia, aggression, insomnia, and depression.*	*A cheaper form of cocaine that may be more addicting.*

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OPIATES/OPIATE-LIKE

HALLUCINOGENS

Heroin

Smack, horse, mud, brown sugar, junk, black tar, big H, dope

Injected, smoked, or snorted

- Addiction
- Slowed and slurred speech
- Slow gait
- Constricted pupils, droopy eyelids, impaired night vision
- Vomiting after first use and at very high doses
- Decreased sexual pleasure, indifference to sex
- Reduced appetite
- Constipation
- "Nodding off" (at high doses)
- Respiratory depression or failure
- Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected
- Dry, itching skin and skin infections
- Death from overdose

Heroin users quickly develop a tolerance to the drug and need more and more of it to get the same effects, or even to feel well.

Rohypnol
(Flunitrazepam)

Roach, roofies, the forget pill, rope, rophies, ruffies, R2, roofenol, la roche, rib

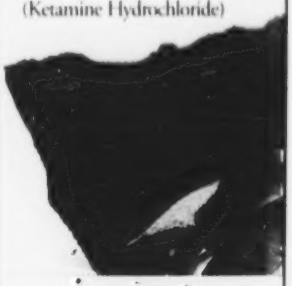
Orally in pill form, dissolved in a drink, or snorted

- Addiction
- Blackouts with a complete loss of memory
- A sense of fearlessness and aggression
- Dizziness and disorientation
- Nausea
- Difficulty with motor movements and speaking

Referred to as the "date-rape" drug.

Creates a drunk feeling that lasts two to eight hours.

"Special K"
(Ketamine Hydrochloride)



Vitamin K, new ecstasy, psychedelic heroin, Ketalar, Ketaject, Super-K, breakfast cereal

Snorted or smoked

- Delirium
- Amnesia
- Impaired motor function
- Potentially fatal respiratory problems

Popular at raves.

Used as an anesthetic for animals.

PCP
(Phencyclidine)

Angel dust, ozone, rocket fuel, peace pill, elephant tranquilizer, dust

Snorted, smoked, orally, or injected

- Hallucinations
- "Out-of-body" experiences
- Impaired motor coordination
- Inability to feel physical pain
- Respiratory attack
- Depression
- Anxiety
- Disorientation
- Fear, panic, paranoia
- Aggressive behavior and violence
- Increased risk of exposure to HIV, hepatitis, and other infectious diseases if injected
- Death

Marijuana joints can be dipped into PCP without the smoker's knowledge.

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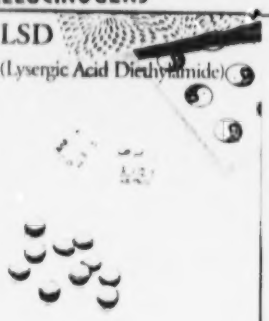
SPECIFIC DRUGS AND THEIR EFFECTS

Drug Name:	HALLUCINOGENS LSD (Lysergic Acid Diethylamide)	HALLUCINOGENS Mushrooms (Psilocybin)	OTHERS Inhalants
			
Other Names:	*Acid, microdot, tabs, doses, trips, hits, sugar cubes*	*Shrooms, caps, magic mushrooms*	*Nitrous oxide, laughing gas, whippets, aerosol sprays, cleaning fluids, solvents*
How Consumed:	Tabs taken orally or gelatin/liquid put in eyes	Eaten or brewed and drunk in tea	Vapors are inhaled
Effects:	• Elevated body temperature and blood pressure • Suppressed appetite • Sleeplessness • Tremors • Chronic recurring hallucinations	• Increased blood pressure • Sweating • Nausea • Hallucinations	• Headache, muscle weakness, abdominal pain • Severe mood swings and violent behavior • Numbness and tingling of hands and feet • Decrease or loss of sense of smell • Nausea • Nosebleeds • Liver, lung, and kidney damage • Dangerous chemical imbalances in the body • Fatigue, lack of coordination • Loss of appetite • Decreases in heart and respiratory rates • Hepatitis or peripheral neuropathy from long-time use
Facts for Parents:	*LSD is the most common hallucinogen.* *LSD tabs are often decorated with colorful designs or cartoon characters.*	*Many mushroom users purchase hallucinogenic mushroom spores via mail order.*	*Hundreds of legal household products can be sniffed or "huffed" to get high.* *All inhalants can be toxic.*

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OTHERS

Marijuana/Hash

Weed, pot, reefer, grass, dope, ganja, Mary Jane, sinsemilla, herb, Aunt Mary, skunk, boom, kif, gangster, chronic, 420

Smoked or eaten

- Bloodshot eyes
- Dry mouth and throat
- Impaired or reduced comprehension
- Altered sense of time
- Reduced ability to perform tasks requiring concentration and coordination, such as driving a car
- Paranoia
- Intense anxiety or panic attacks
- Altered cognition, making acquisition of new information difficult
- Impairments in learning, memory, perception, and judgment–difficulty speaking, listening effectively, thinking, retaining knowledge, problem solving, and forming concepts

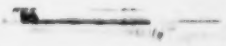
The average age teens first use marijuana is 14.

Marijuana can be smoked using homemade pipes and bongs made from soda cans or plastic beverage containers.

Steroids

Rhoids, juice

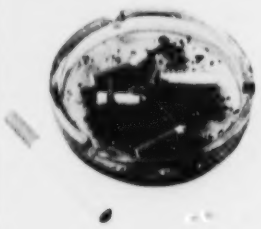
Orally or injected into muscle



- Liver cancer
- Sterility
- Masculine traits in women and feminine traits in men
- Aggression
- Depression
- Acne
- Mood swings

Steroid users subject themselves to more than 70 potentially harmful side effects.

Tobacco



Smoke, bone, butt, coffin nail, cancer stick

Cigarettes, cigars, pipes, smokeless tobacco (chew, dip, snuff)

- Addiction
- Heart and cardiovascular disease
- Cancer of the lung, larynx, esophagus, bladder, pancreas, kidney, and mouth
- Emphysema and chronic bronchitis
- Spontaneous abortion, pre-term delivery, and low birth weight

One in five 12th graders is a daily smoker.

Many drugs can be stashed in cans or other hollow containers.

Marijuana Plant

Sources:

National Institute on Drug Abuse

Partnership for a Drug-Free America (www.drugfreeamerica.org)

Monitoring the Future Study, 1997

Drug Enforcement Administration

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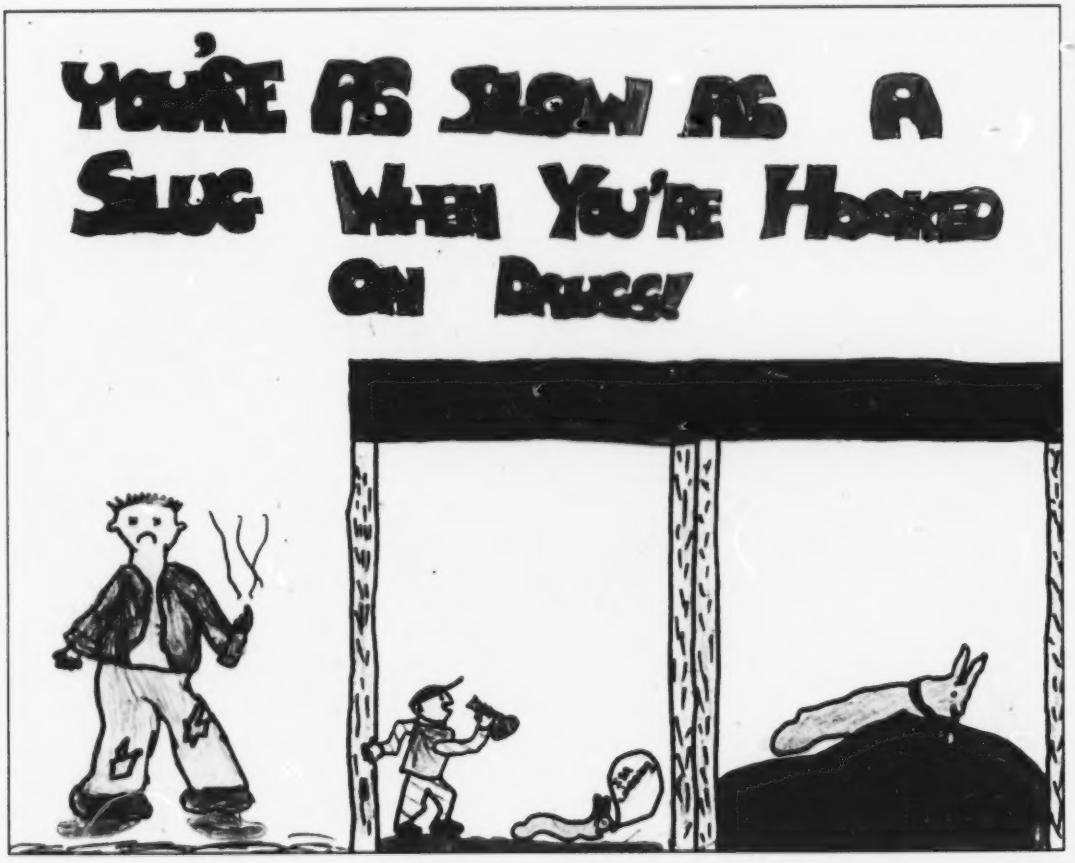

YOU'RE AS SLOW AS A SLUG WHEN YOU'RE HOOKED ON DRUGS!

Where To Get Information And Help

The U.S. Department of Education does not endorse any private or commercial products or services, or products or services that are not affiliated with the federal government. The sources of information listed on this and the following pages are intended only as a partial listing. Readers of this booklet are encouraged to research and inform themselves of the many additional products and services relating to drug and alcohol abuse available to them.

Support groups

Alcoholics Anonymous World Services. A worldwide fellowship of sober alcoholics whose recovery is based on Twelve Steps. No dues or fees; self-supporting through small voluntary member contributions. Accepts no outside funds; not affiliated with any other organization. 475 Riverside Dr., New York, NY 10115; (212) 870-3400 nationwide, (212) 647-1680 in Manhattan. Website: www.aa.org

Al-Anon Family Group Headquarters. A free, nonprofit, worldwide organization that supports and provides literature to family members and friends of alcoholics. 1600 Corporate Landing Pkwy., Virginia Beach, VA 23454-5617; (800) 344-2666 or (800) 356-9996. Website: www.al-anon.alateen.org

Families Anonymous, Inc. A worldwide organization that offers a 12-step, self-help program for families and friends of former, current, or suspected abusers of drugs or alcohol who have related behavioral problems. P.O. Box 3475, Culver City, CA 90231-3475; (800) 736-9805 or (310) 313-5800. Website: home.earthlink.net/~famanon/index.html/

Nar-Anon Family Group Headquarters. An organization that supports people who have friends or family members with drug problems. P.O. Box 2562, Palos Verdes Peninsula, CA 90274-8562; (310) 547-5800.

Narcotics Anonymous. A 12-step fellowship of recovering addicts. Meetings are free. P.O. Box 9999, Van Nuys, CA 91409-9099; (818) 773-9999. Website: www.wsoinc.com

Toughlove International. A national self-help group for parents, children, and communities that emphasizes cooperation, personal initiative, and action. It publishes newsletters, brochures, and books and holds workshops. P.O. Box 1069, Doylestown, PA 18901; (800) 333-1069. Website: www.toughlove.org

Information on drug prevention and treatment

Safe and Drug-Free Schools. The federal government's primary vehicle for preventing drug use and violence among youth. Provides funding and technical support for school-based education and prevention activities. U.S. Department of Education, 400 Maryland Ave. SW, Washington, D.C. 20202-6123. (202) 260-3954. Publications: (800) 624-0100 or (877) 433-7827. Website: www.ed.gov/offices/OESE/SDFS

African American Family Services (AAFS). A comprehensive resource center with a specific focus on substance abuse within the African-American community. Through AAFS, individuals and organizations may purchase culturally sensitive on-site training packages, books, pamphlets, videos, and pre-assembled journal article packets related to chemical dependency and African-American client populations. Adult and adolescent outpatient treatment services. 2616 Nicollet Ave., Minneapolis, MN 55408; (612) 871-7878 or (800) 557-2180. Website: www.aafs-mn.org

American Cancer Society. Offers literature on smoking and referrals to local chapters. 1599 Clifton Rd. NE, Atlanta, GA 30329; (800) 227-2345. Website: www.cancer.org

American Council for Drug Education. Provides information on the effects of drug usage and offers treatment referrals through its hotline. 164 W. 74th St., New York, NY 10023. Information: (800) 488-DRUG and www.acde.org. Referrals: (800) DRUG-HEL(P) and www.drughelp.org. For immediate specific assistance or referral: (800) COC-AINE; (888) MAR-IJUA(NA); (800) HEL-P111; (800) 9HE-ROIN; (800) REL-APSE; (800) CRI-SIS9.

CDC National AIDS Clearinghouse (CDC National Prevention Information Network). Treatment referrals. P.O. Box 6003, Rockville, MD 20849-6003; (800) 458-5231. Website: www.cdcnac.org

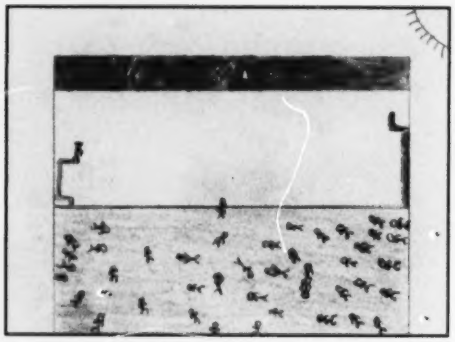
Hazelden Foundation. A foundation that distributes educational materials and self-help literature on quitting alcohol, tobacco, and drugs. P.O. Box 176, Center City, MN 55012-1076; (800) 257-7800. Website: www.hazelden.com

Join Together. A national resource that provides publications, information, and linkages between groups and individuals working to prevent, reduce, and treat substance abuse and gun violence in their communities. 441 Stuart St., 7th Fl., Boston, MA 02116; (617) 437-1500. Website: www.jointogether.org

Los Ninos Bien Educados. A program that works with Latino parents to assist with the challenges of child rearing in the U.S. 1131 Ventura Blvd., Suite 103, Studio City, CA 91604; (800) 325-CICC.

National Council on Alcoholism and Drug Dependence, Inc. An organization that provides information, including literature and referrals on how to overcome alcohol and drug addiction. 12 W. 21st St., 7th Fl., New York, NY 10010; (212) 206-6770 or (800) NCA-CALL. Website: www.ncadd.org

National Crime Prevention Council. An organization that works to prevent crime and drug use by providing parents and children with audio-visual materials, reproducible brochures, and other publications. P.O. Box 1, 100 Church St., Amsterdam, NY 12010; (800) 627-2911. Website: www.ncpc.org



National PTA Drug and Alcohol Abuse Prevention Project. With the GTE Corporation, creators of "Common Sense: Strategies for Raising Alcohol and Drug-Free Children," a new area of the National PTA's Children First website (http://www.pta.org). Focuses on learning the facts about alcohol and other drugs, setting clear limits for children, providing positive role models, and building strong bonds within the family and school. Program offers effective, easy-to-use ideas and materials, enjoyable games and activities. 330 North Wabash Ave., Suite 2100, Chicago, IL 60611-3690; (800) 307-4782 or (312) 670-6782. Website: www.pta.org

National Institute on Drug Abuse. NIDA supports more than 85% of the world's research on the health aspects of drug abuse and addiction. 5600 Fishers Lane, Rockville, MD 20857; (301) 443-1124. Website: www.nida.nih.gov

Parents and Adolescents Recovering Together Successfully (PARTS). A self-help group that supports families in recovery. 12815 Stebick Court, San Diego, CA 92310-2705; (619) 698-3449.

Parent to Parent. An organization that empowers parents to counter influences of drug culture in their children's lives. 1240 Johnson Ferry Place, Suite F10, Marietta, GA 30068; (800) 487-7743.

Partnership for a Drug-Free America. An organization that works with the advertising industry to develop anti-drug public service messages and operates a comprehensive website for parents. 405 Lexington Ave., Suite 1601, New York, NY 10174; (212) 922-1560. Website: www.drugfreeamerica.org

SafeHomes. A national organization that encourages parents to sign a contract stipulating that when parties are held in one another's homes they will adhere to a strict no-alcohol/no-drug-use policy. c/o Erie County Council for the Prevention of Alcohol and Substance Abuse, 4255 Harlem Rd., Amherst, NY 14226; (716) 839-1157.

Substance Abuse and Mental Health Services Administration (SAMHSA)/National Clearinghouse for Alcohol and Drug Information (NCADI). A resource that provides a wide variety of federal government agency publications dealing with alcohol and other drug abuse. P.O. Box 2345, Rockville, MD 20847-2345; (800) SAY-NOTO. Website: www.health.org

Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Prevention (CSAP). A division of the U.S. Dept. of Health and Human Services that provides a wide variety of resources and information on science-based prevention strategies and programs. 5600 Fishers Lane, Rockwall II Building, Suite 900, Rockville, MD 20857; (301) 443-0365.

Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment (CSAT). A division of the U.S. Dept. of Health and Human Services whose hotline provides counseling referrals and treatment options in your state.

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NCADI, P.O. Box 2345, Rockville, MD 20847-2345; (800) 662-HELP. Website: www.drughelp.org

Youth Power. Formerly "Just Say No" International, a program that now emphasizes youth empowerment, self-esteem and a sense of community through volunteering, tutoring peers, cleaning up the environment, and helping senior citizens. 2000 Franklin St., Suite 400, Oakland, CA 94612; (510) 451-6666 or (800) 258-2766. Website: www.youthpower.org

Parent mobilization groups for drug prevention

The following organizations are resources for parents that provide publications, advocacy, and, in some cases, advice on what approaches are most effective:

African American Parents for Drug Prevention
4025 Red Bird Ave.
Cincinnati, OH 45225
(513) 475-5359

Community Anti-Drug Coalitions of America (CADCA)
901 North Pitt St., Suite 300
Alexandria, VA 22314
(703) 706-0560 or (800) 54-CADCA

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
(214) 744-6233 or (800) GET-MADD
Website: www.madd.org

National Asian Pacific American Families Against Substance Abuse
300 W. Cesar Chavez Ave., Suite B
Los Angeles, CA 90012-2818
(213) 625-5795

National Association for Native American Children of Alcoholics
1402 Third Ave., Suite 1110
Seattle, WA 98101
(206) 467-7686

National Families in Action
Century Plaza II, 2957 Clairmont Road, Suite 150
Atlanta, GA 30329
(404) 248-9676; Website: www.emory.edu/NFIA/

National Hispanic/Latino Community Prevention Network
P.O. Box 33800
Los Angeles, CA 90033
(916) 442-3760

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
3610 DeKalb Technology Pkwy, Suite 105
Atlanta, GA 30340
(800) 853-7867; Website: www.prideusa.org

Red Ribbon Works (a program of Greenville Family Partnership)
P.O. Box 10203
Greenville, SC 29603
(864) 467-4099; Websites: www.gfpdrugfree.org and www.redribbonworks.org

Parenting websites

Adolescence Directory Online (ADOL): education.indiana.edu/cas/adol/adol.html

Parents Place.com: www.parentsplace.com/

Partnership for a Drug-Free America: www.drugfreeamerica.org

White House Office of National Drug Control Policy: www.projectknow.com

Recommended reading

Hawkins, J.D. and others. *Preparing for the Drug-Free Years: A Family Activity Book.* 1988. Developmental Research and Programs, Box 85746, Seattle, WA 98145. $10.95.

Strasburger M.D., Victor. *Getting Your Kids to Say "No" in the '90's When You Said "Yes" in the '60's.* 1993. New York: Simon & Schuster. $11.00.

Wilmes, David J. *Parenting for Prevention.* 1995. The Johnson Institute-QVS, Inc., 7205 Ohms Lane, Minneapolis, MN 55439-2159. $13.95.

Keeping Youth Drug-Free: A Guide for Parents, Grandparents, Elders, Mentors and Other Caregivers. 1996. U.S. Dept. of Health and Human Services, SAMHSA/CSAP. (800) 662-HELP. Free.

Marijuana: Facts Parents Need To Know, National Institute on Drug Abuse, U.S. Dept. of Health and Human Services, NCADI Publication No. PHD712, 1995. Free.

Parents: Getting a Head Start Against Drugs Activity Book. 1993. U.S. Dept. of Health and Human Services, SAMHSA. (800) 662-HELP. Free.

Bibliography

Source material quoted is listed by chapter.

HOW THIS BOOK WILL HELP YOU

Bachman, J.G., L. D. Johnston, and P.M. O'Malley. "Smoking Drinking, and Drug Use Among American High School Students: Correlates and Trends, 1975-1979." *American Journal of Public Health*, vol. 71, 59-69.

Fehr, K. and H. Kalant. "Long-Term Effects of Cannabis on Cerebral Functions: A Review of the Clinical and Experimental Literature." *Cannabis and Health Hazards. Proceedings of an ARF/WHO Scientific Meeting on Adverse Health and Behavioral Consequences of Cannabis Use.* Fehr, K. and H. Kalant, eds. Toronto: The Addiction Research Foundation, 1981.

Johnston, Lloyd D., Jerald G. Backman, and Partick M. O'Malley. *Monitoring the Future.* Ann Arbor: University of Michigan Institute for Social Research, 1997.

National Center on Addiction and Substance Abuse. *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use.* New York: October 1994. Research based on analysis of *National Household Survey on Drug Abuse* conducted by National Institute on Drug Abuse, 1991.

National Institute on Drug Abuse. *Marijuana: Facts Parents Need to Know.* Washington D.C. U.S. Department of Health and Human Services, NCADI Publication No. PHD712, 1995.

Partnership for a Drug-Free America. *Partnership Attitude Tracking Study: Parents.* New York: Partnership for a Drug-Free America, 1997.

—— *Partnership Attitude Tracking Study: Teens.* New York: Partnership for a Drug-Free America, 1997.

Resnick, Ph.D., Michael D., and others. "Protecting Adolescents From Harm: Findings From the National Longitudinal Study on Adolescent Health." *JAMA*, September 10, 1997.

Substance Abuse and Mental Health Services Administration Office of Applied Studies. *National Household Survey on Drug Abuse.*

Rockville: Substance Abuse and Mental Health Services Administration Office of Applied Studies, 1996.

LAYING THE GROUNDWORK

National Center on Addiction and Substance Abuse. *National Survey of American Attitudes on Substance Abuse III: Teens and Their Parents, Teachers and Principals.* New York: September 1997.

Partnership for a Drug-Free America. *Partnership Attitude Tracking Study: Parents.* New York: Partnership for a Drug-Free America, 1997.

——*Partnership Attitude Tracking Study: Youth.* New York: Partnership for a Drug-Free America, 1997.

TALKING WITH YOUR CHILDREN EFFECTIVELY

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future.* Ann Arbor: University of Michigan Institute for Social Research, 1997.

Partnership for a Drug-Free America. *Partnership Attitude Tracking Study: Teens.* New York: Partnership for a Drug-Free America, 1997.

YOUR CHILD'S PERSPECTIVE

Horatio Alger Association. *The State of Our Nation's Youth: A Study of the Current Attitudes of American Teenagers.* Alexandria: Horatio Alger Association, 1996.

HOW TO TEACH YOUR CHILD ABOUT DRUGS

DeWit, Ph.D., David J., David R. Offord, M.D., and Maria Wong, M.Sc. "Patterns of Onset and Cessation of Drug Use Over the Early Part of the Life Course." *Health Education & Behavior,* vol. 24, December 1997, 744-756.

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future.* Ann Arbor: University of Michigan Institute for Social Research, 1997.

Partnership for a Drug-Free America. *Partnership Attitude Tracking Study: Teens.* New York: Partnership for a Drug-Free America, 1997.

—— *Partnership Attitude Tracking Study: Youth.* New York: Partnership for a Drug-Free America, 1997.

WHAT TO DO IF YOU THINK YOUR CHILD MIGHT BE USING DRUGS

Anthenelli, Robert M. and Marc A. Schuckit. "Genetics." Chap. 5 in *Substance Abuse: A Comprehensive Textbook.* 3rd ed. Lowinson, M.D., Joyce H., and others, eds. Baltimore: Williams & Wilkins, 1997.

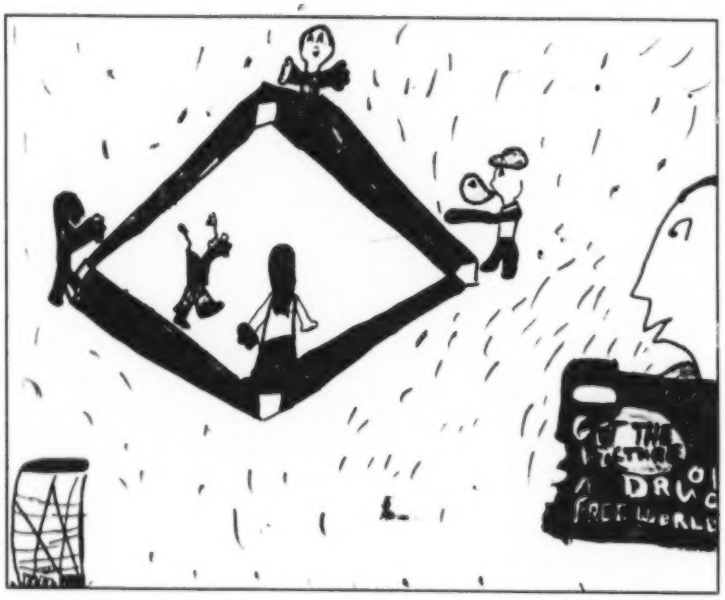
Leshner, Alan I. "Addiction is a Brain Disease, and It Matters." *Science,* vol. 278, 1997.

National Center on Addiction and Substance Abuse. *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use.* New York: October 1994. Research based on analysis of *National Household Survey on Drug Abuse* conducted by National Institute on Drug Abuse, 1991.

GETTING INVOLVED AND STAYING INVOLVED

Botvin, Ph.D., Gilbert J., and others. "Long-term Follow-Up Results of a Randomized Drug Abuse Prevention Trial in a White Middle Class Population." *Journal of the American Medical Association,* vol. 273, no. 14, 1995.

Partnership for a Drug-Free America. *Partnership Attitude Tracking Study:* New York: Partnership for a Drug-Free America, 1997.



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